DOCUMENT RESUME

ED 191 568 PS 011 666

AUTHOR	Farber, Ferne; And Others
TITLE	A Survey of Early Intervention Programs in New York State.
INSTITUTION	Interface, Inc., New York, N.Y.
SPONS AGENCY	New York State Council on Children and Families, New York.
PUB DATE	Aug 78
NOTE	241p.
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	*Children; Community Development; Cost Effectiveness; Crisis Intervention; *Delivery Systems; Education; *Family (Sociological Unit); Family Life Education; *Intervention; Models; Parent Participation; Prevention; Program Development; *Program Effectiveness; Program Evaluation; Risk; Schools; *Services; Volunteers
IDENTIFIERS	New York

ABSTRACT

The purpose of this project was to (1) engage in a statewide survey of early intervention programs concerned with the school-age child and his or her family, and (2) to examine a "family impact" model focused on two systems: the family and the school. A particular focus of the survey was on programs whose methods of impacting, (i.e. service delivery) were innovative, oriented towards service integration on a community and/or neighborhood level and presented a cost-effective method of operation through staff-sharing arrangements, use of volunteers or in-kind services. The model was employed to determine exactly what types of relationships were struck between the early intervention program and the local public school in order for program services to be delivered to the child and, very importantly, his or her family. Early intervention strategies were examined in the light of facilitating the interaction of these systems given their socio-cultural, economic, and political contexts. (Author/DB)

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A SURVEY OF EARLY INTERVENTION PROGRAMS IN NEW YORK STATE

ED191568

PS011666

A report to the N.Y. State Council on Children & Families

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Acknowledgements

Interface gratefully acknowledges the help of the Advisory Committee members through their ongoing support and advice.

We wish to thank the hundreds of individuals throughout the state who directed us to programs of interest. Their assistance was crucial.

We express our sincere gratitude to the programs who participated in the survey for taking valuable time out from program operation to complete our questionnaire and/or to be site visited by project staff.

The combined efforts, guidance and support by everyone involved led to the successful completion of this report.

August 1978

Preface

Services to children and families in this state are delivered by a variety of public agencies, private agencies and community groups. Funding for such services absorbs billions of dollars. In New York City alone roughly one billion is spent on youth services outside of the public school system, while another three billion is spent directly by the Board of Education. In spite of the billions of dollars spent most people would still agree that for the most part services are being delivered in a crisis oriented, fragmented and episodic way and a large number of young people in need of services are not receiving them. This project focuses on those alternative delivery strategies in children and family services around the state which were interesting and important for the formulation of new directions in service delivery. Especially of interest to us was the way in which such services relate to the local public schools.

Our schools are also in the midst of crisis. Declining enrollments, rising costs of education and declining pupil performance on a state and national level point up that crisis. For many, the current condition of our schools is a barometer of our societal failures. Taxpayer revolts springing up around the country threaten the financial

base of all school systems pointing to the need to develop cost effective, innovative and effective new strategies of meeting the needs of our pupil population.

It is our hope that this study represents a small step forward in assessing ways of linking the schools and our children's services agencies in new and effective strategies of dealing with a precious commodity - the lives of our children.

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I. Introduction

The purpose of this project was to engage in a statewide survey of early intervention programs focusing on the school-aged child and his or her family. We were looking for programs whose methods of "impacting," i.e. service delivery, were innovative, oriented towards service integration on a community and/or neighborhood level and presented a cost-effective method of operation through staff-sharing arrangements, use of volunteers or in-kind services.

Our primary concern was to examine exactly what types of relationships were struck between the early intervention program and the local public school in order for program services to be delivered to the child and, very importantly, his or her family. Essentially we were interested in examining a "family impact" model focused on two systems: the family and the school. Early intervention strategies were examined in the light of facilitating the interaction of these systems given their socio-cultural, economic, and political contexts.

A. Definitions and criteria for this study

For the purpose of this survey, the following definitions were used and consistently presented throughout to programs and key contact people:

- Early intervention refers to those strategies which come into play once a crisis has occurred or at the first manifestation or detection of maladjustment. Crisis refers to family life traumas such as divorce, death, abuse and/or neglect, etc. Maladjustive behavior includes poor school performance, truancy, acting-out behavior leading to attention by other systems such as the court, mental health, child welfare, etc. Early intervention as a service strategy in child welfare was originally conceived as intervention efforts aimed at a population of children about to be, or moving toward, foster care. Service delivery, therefore, tended to be delivered in a crisis-related manner to children and families whose situation was well past the point of easy repair. Efforts to strengthen the family unit often occurred after placement, when the child's absence from the home made family counseling sessions a complicated logistic problem. Since it has become obvious to program planners and direct service workers that such an intervention goal has become far too limiting, we were looking for programs able to use parents, schools and community resources to identify needs as early as possible allowing the child and family to receive services adequate to resolve the problem while preserving family unity.

- The definition of family refers to a unit of one or two parents or legal guardian(s) with a

dependent child. For our purposes, that child must fall between the ages of 5 to 18 years.

- Criteria for all programs consisted of the following requirements

1. Programs had to be non-residential in nature.
2. Programs had to serve youngsters 5-18 years and their families.
3. The local public school system had to somehow be involved either formally or informally in the early intervention program strategy.
4. An element of community/neighborhood involvement had to be present, either in program inception or operation. This could consist of activities such as parent and/or community advisory groups, use of local volunteers, formal or informal linkages with other service providers aside from the school, etc.
5. Programs had to evidence innovative mechanisms of service delivery, case identification, case management, funding, etc.

B. A discussion of the state of families and children

> "The family continues to be the primary environment for most children, and most children live in and with their families. What affects families includes much of what affects children. And, too, the family as an institution may be the most efficient and effective way to have impact on children if new interventions are contemplated, as suggested by recent research...." (Kamerman, S.B. Developing a Family Impact Statement. New York: Foundation for Child Development, 1976, P.5.)

This aptly presents the current thinking about the importance of the family. Some have even heralded this as the decade of the family much as the sixties focused

on the youth population.

> "People are concerned about families these days. Just as the young dominated the political symbolism of the sixties, so the family is emerging as the dominant symbol of this decade. Much of the discussion about the future of our children, which in the sixties looked to the schools to pick up all the marbles for society's failures, has shifted back to the family. Some experts look at the rising divorce rate and tell us that the family is on the verge of collapse. Others say that the family is alive and well, thank you. Its function and makeup may be changing, but not its crucial importance to peoples' lives, particularly the lives of children." (Featherstone, Joseph and Helen, "Partners and Antagonists," in Working Papers for a New Society. May/June, 1978, P.8.)

Recent literature debates the issue of family reconstruction based on change in sex-determined roles, a new recognition of the variations in family living and a wider definition of what constitutes a "family." While the family is still seen as the source of nuturance and growth, some prominent authors such as John Holt write "...there is much evidence that the modern nuclear family is the source of many people's most severe problems..." and "...is breaking down in many ways..." (Holt, John. Escape from Childhood: The Needs and Rights of Children. New York: Ballantine, 1974, P.24).

It has further been noted that:

> "...The provision of most of the emotional, psychological and sociocultural supports (to children) takes place or should take place outside the school in the family circle. Especially in kindergarten and the earlier grades the school acts as an extension of the family group and therefore shares with the family the task of providing most of the basic sociocultural supplies during childhood. AMONG COMMUNITY AGENCIES ITS ROLE IN THIS AREA IS PREEMINENT. Although religious and recreational

> agencies have their roles to play, and neighborhood and community tradition and expectation have an important effect, it is the school as the socializing instrument of the community which determines to a considerable extent how the child perceives the world and its problems and how he goes about dealing with them." (Caplan,Gerald, "Opportunities for School Psychologists in the Primary Prevention of Mental Disorders in Children, " in Lambert, Nadine, "The Protection and Promotion of Mental Health in Schools," 1965, p.12).

Many feel that the breakdown in the nuclear family is due to outside forces impacting on daily family life. Two recently published books, Kenneth Kenniston, All Our Children and Sheila Kamerman and Alfred Kahn, Social Services Policy in the United States, uphold this view. As they explain, children's lives are increasingly in the hands of institutions outside the nuclear family structure with parental control waning. Furthermore, as Klein noted:

> "...today's parents of school-age children seem increasingly to look to the schools for help with child-rearing issues not directly related to formal education. There is no denying the need for professional supports to parents in the age of rapid mobility." (Klein, Daniel, "An Example of Primary Prevention Activities in the School: Working with Parents of Pre-School and Early School Years Children," in Lambert, N.; p.42).

What has emerged, according to these authors, is a family system which is no longer self-sufficient, isolated and independent. Families are under more stress both economically and emotionally which translates into problems of daily coping for the total unit. These stresses have caused traditional responses such as foster care, the 9am to 3pm school day to require augmentation by specialized services.

In addition to school-based, some of these alternative strategies include parent drop-in centers; which are either open 24 hours a day or provide "hotline" services "crash-pad" facilities for youngsters located in their neighborhoods; teen-parenting programs with an emphasis on life skills development, nutrition and birth control; multi-service adolescent community centers utilizing recreation and art as an informal, non-threatening outreach technique; street academies with specialized services to meet special needs; schools without walls which provide learning activities spread throughout the community; community-based councils on careers combining business and education resources to raise the consciousness of youngsters, teachers and parents to career possibilities in the present and future; after-school learning centers for math and reading remediation; and advocacy programs which attempt to strengthen and empower the family to identify and negotiate a network of support systems while developing among the family the confidence to determine the direction and outcomes desired from those support services. All of these alternatives were found in New York State; most will be highlighted later.

Summary Points:

- The family has emerged as a dominant symbol of this decade.
- The family is still viewed as the primary environment for children, a source of both positive and negative interaction.

- Family systems and roles have changed, due to technological, economic, social and political complexities inherent in our current societal environment.

- These changes in family structures and roles have caused some new responses to occur in tangential institutions such as the school and social welfare.

Concluding Remarks

> "There is growing recognition that intervention needs to start before problems have grown to full size, before they even have a foothold. Programs must aim at building the strength of children that will help them avoid behavioral problems. And where is this laboratory? The logical proving ground for this approach? IT HAS BEEN WITH US ALL THE TIME: THE SCHOOL IS THE STRATEGIC PLACE IN WHICH TO START BUILDING THESE STRENGTHS.....the school plays an essential role in the development of the personality and we must recognize the potential of educational institutions in preventing learning and behavioral problems in children." (Lambert, Nadine, p.vii).

In conclusion we can say that both the family and education system are in a state of flux, each straining to meet the needs of children in different contexts. While a very definite case can be made for the two systems cooperating through parent education activities, use of parents as volunteers, teacher-parent consciousness raising groups and the like, we cannot forget that these two systems are continually affected by other systems such as health, welfare, and mental health . For example, studies have been done demonstrating the relationship between health and nutrition and school failure leading to a vicious cycle of poverty-educational failure for the

disadvantaged child. This is but one of the linkages important to an understanding of the family-child-school triad. (See Birch, Herbert G., and Gussow, Joan D., Disadvantaged Children: Health, Nutrition and School Failure, Harcourt, Brace and World, 1970).

We believe that a close scrutiny of the early intervention program models presented in the following report, the relationships developed by these programs with schools, parents, and other providers, plus an analysis of specific problems encountered in attempting to reach program goals will provide us with answers to questions such as:

- What are the service needs of children and families in New York State?
- What types of non-residential services exist for children and families?
- Who provides these services?
- How are they funded?
- How are the services delivered?
- What is the relationship between the early intervention program and the school? Is it one that promotes family unity?
- Do parent, school, community relationships differ according to locale, i.e., urban-rural, upstate-downstate?
- Which types of early intervention models appear to work best for particular populations or are there methods of service delivery which appear to cross over population lines?
- Do governmental policy actions, funding and legislative guidelines bolster early intervention efforts in an atmosphere of consistency and concern for the child and family?

These questions will be specifically addressed later in our report.

C. Parameters of this study

This short-term survey is not intended to be comprehensive in its scope. Our intention was to describe diverse early intervention service structures and is by no means an assessment of those services. A degree of subjectivity is inherent in a survey and analysis of this kind and will influence observations and interpretations of data.

D. Sections to follow

There are three additional parts to this report:

II. Survey Design. Method and extent of data collection.

III. Findings. This section is divided into two parts:

A. "Program Models" describes the models, discusses issues pertinent to model development and function as well as barriers which impede that functioning.

B. "Summary Observations" is an across-models discussion of findings and barriers.

IV. Recommendations for Consideration These are specific next steps that need to be taken by appropriate organizations, both public and private, in order to facilitate the development and delivery of early intervention services to the children and families of New York State.

Relevant Appendices*are found at the end of the report.

*Note: Appendices -- Advisory Committee Members; Advisory Committee Comments; Resource List; Resource Questionnaire, Survey Questionnaire, Survey Guide; List of Programs by County; Map of New York State with Site-Visit Indications; Programs in Survey; Bibliography

II. Survey Design

A. Project Staff

Seven staff members, three full-time, including the Project Director, and four part-time were recruited for this project. All participated in site visits.

Advanced degrees are held by all staff members including the fields of Social Work, Counseling and Public Administration. Their work backgrounds reflect a variety of experiences including children's services, mental health and education. Documented ability to conduct person-to-person interviews was a common denominator.

B. Advisory Committee

An Advisory Committee was created specifically for this project. Members are individuals well known in the field of human services (see Appendix A). We met three times during the 90 day span of the project, and maintained informal contact throught the course of our study.

Committee members were particularly helpful in the focusing of our initial planning activities by directing us to key resource people, interesting programs and relevant literature. In addition, the sharing of preliminary data initiated fruitful feedback which aided in the development of criteria, definitions, and formulation of critical issues and recommendations. A draft copy was sent to members

and their comments appear in Appendix B.

Three data collection instruments were used: a short information-gathering Resource Questionnaire; a ten-page Survey Questionnaire; and a Survey Guide used at the time of our site visits (see Appendix D). These were completed in the three most common survey techniques; the telephone interview; the in-person interview; and through the mail. Both questionnaires were completed by phone and/or through the mail. The Survey Guide was completed in person.

Use of the Resource Questionnaire relies on the "key informant" approach. "The key informant approach is a research activity based on information secured from those in the area who are in a position to know the community's needs and utilization patterns." (U.S. Department of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration, National Institute of Mental Health, Needs Assessment Approaches: Concepts and Methods, Maryland, 1977, p.20).

Thus, the Resource Questionnaire was sent to various public and private agency heads as well as experts in the field of children's services. These included, Deans of Social Work schools, United Way offices, BOCES offices, State Education department heads (i.e. Migrant Education, Special Education, etc.), public officials of local Social

Service and Youth Bureau offices, member agencies of New York State Council of Voluntary Child Care Agencies, member agencies of the State Council on Children and Families, etc.

The key informant approach had a ripple effect in that resource people led to others who completed Resource Questionnaires. Program people contacted us not only about their particular program, but to lead us to additional resource people and programs.

The initial part of our data collection began officially on April 10, 1978 and continued until the early part of May with the mailing of approximately 400 such short forms of which approximately 250 were returned. (See Appendix C for Resource Mailing List). During this period, we developed and finalized the format of our Survey Questionnaire.

Based upon receipt of Resource Questionnaires, we began to call those programs which presented criteria conforming to our survey. In this screening we asked more detailed information about their respective programs focusing on services for children and families, community involvement, and school relationships. We also requested

them to highlight the innovative, interesting or unique aspects of their program's service components (keeping in mind program location, urban vs. rural, primary funding source and target population).

Simultaneously we initiated a literature and foundation search to further identify programs, to develop a data base for early intervention techniques and as a cross check (i.e. to see if programs we had already identified were appearing both as foundation-funded and in the literature). A complete Bibliography appears in Appendix H.

To summarize, the key program identification strategies included:

- Reputational assessments of individuals with knowledge of particular programs. It was agreed that this would be a heavily relied upon strategy since we had to identify many programs very quickly.
- Literature search activities utilized the Educational Research Information Center (ERIC) computer service with data categories developed by project staff. This led to relevant articles about programs and theory in the field of early intervention. The ERIC search produced microfiche which we read and summarized. We also made use of the Social Work Libraries at Columbia University and Hunter College as well as that of the Child Welfare League of America.
- The Foundation Library was used as a further program identification tool.

- Use of the Resource Questionnaire, previously discussed, with an emphasis on phone screening.

The decision to send out a Survey Questionnaire was based upon a combination of the aforementioned processes. All programs receiving Survey Questionnaires were contacted by project staff, underwent a phone screening, were given specific details about the early intervention project and agreed to participate.

We began to mail the Survey Questionnaire at the end of April. It contains a combination of fixed-alternative and open-ended questions grouped under five major headings: I. Program Description; II. Services; III. Admission, Discharge and Follow-Up Policies; IV. Fiscal Data; and V. Program Evaluation.

We hoped to answer the following questions based upon information provided:

- Who delivers the program services? (Staffing)
- What is the extent of community/neighborhood involvement in the program's service delivery mechanisms? (Community/Neighborhood Involvement)
- Who is the recipient of program services? (Population Served)
- Who funds these services? (Fiscal Data)
- What are the formal mechanisms of program evaluation, either internal or external? (Program Evaluation is handled as a unit in III.B.)
- What are the critical issues and barriers relevant to each model?

Data Summary

Below is a break-out of questionnaire and site visit data:

- Total Number of Survey Questionnaires sent 100
- Number of Survey Questionnaires returned 55
- Number of programs for which we only have Survey Guides 18
- Number of programs included based exclusively upon a Resource Questionnaire, reputational assessment, etc. and extensive phone screening 4
- Total Number of Programs in Survey 77
- Total Number of Programs Site Visited 58

A total of one hundred (100) Survey Questionnaires were sent out. Of these, fifty-five (55) returned completed questionnaires. Eighteen (18) programs were site visited, but were unable to return their Survey Questionnaires in time for the report. An additional four (4) programs were neither site-visited nor able to complete a Survey Questionnaire, however, various resource people recommended them for inclusion. These four (4) underwent extensive phone screening in order to collect comparable data to complete our program description and model identification.

Of these seventy-seven (77) programs, fifty-eight (58) were site-visited which means that forty (40) of the fifty-five (55) programs returning Survey Questionnaires were also site-visited, i.e. we additionally have Survey Guides. Programs were site-visited in twenty-seven (27) of the sixty-two (62) New York State Counties.

Through the processes outlined we have arrived at what we think is a representative cross-section of program models throughout the state almost equally divided between downstate-upstate, urban-rural locations, operating in a variety of settings from store-front to tightly structured special schools and targeting diverse presenting problems. Please see Appendix E for a list of programs surveyed by county and Appendix F for an indication of site visit locations in New York State.

Site Visits

The purpose of the site visit was to collect more in-depth information not available through the Survey Questionnaire. We were particulary interested in the details of program inception, community involvement, school interface and cost effectiveness as well as program evaluation techniques, both internal and external.

For the site visits, we developed a Survey Interview Guide which followed the format of the Survey Questionnaire, and allowed for discussion. The questions were open-ended. We chose to structure the interview in order to collect the same information from every respondent making a systematic comparison of responses possible.

Site Visit Process

Site visits began April 24, 1978 and concluded June 9, 1978. We first visited programs closer to our operating base in New York City. All programs site visited and their program descriptions are found in Appendix G.

The initially visited programs were asked to complete the Survey Questionnaire for the site visit and to allow project staff about one-half hour for review. When completion was not possible, we asked that the Survey Questionnaire be forwarded within a week to ten days after our visit. In addition, at the time of scheduling, we asked the program to forward relevant pamphlets, brochures, articles, etc. about their services.

Interviewers were trained prior to the site visits and had on-going informal contact with the Project Director about the status of the project. In addition, we met as a group several times during the site visit process to discuss our progress.

The majority of programs were visited by one project staff member which was a departure from our original plan of having two staff members visit. This proved impossible due to our time frame and our desire to visit as many programs as possible.

After a tour of the program, the interviewer spent from 2-4 hours speaking with various program staff. The interviewer later completed the Survey Guide based upon these discussions.

The following section is a presentation of our findings as a result of this study. This discussion is divided into two parts "Program Models" and "Summary Observations."

III. Findings

Introduction

The formation of program models was no easy task. A variety of classification methods were tried such as relating program location, i.e. urban-rural, to extent of services delivered, i.e. single-service or multi-service. Programs underwent at least six model re-workings.

The method settled upon is, we realize, but one way of examining the seventy-seven programs surveyed. In model formation we relied exclusively on the data shared with us in the Survey Questionnaires and/or Survey Interview Guides. Our models are based upon an examination of early intervention service strategies and how those program services involve local school settings in their delivery.

The following is a discussion of those service models. The very special program-school relationship is fully discussed in part B of this section, "Summary Observations" under sub-heading d."Schools as a Site for Intervention."

A. Program Models

We found that programs could be broadly grouped into those offering primarily educational services (to include remediation, tutoring and vocational guidance) and, in some instances, mental health services (to include psychiatric, psychological, social services and counseling); either school-based or program-based (i.e. not delivered at local school

settings); but offered in close collaboration with local school systems (i.e. staff and/or space share or funded with educational dollars).

The second group includes those programs providing primarily mental health services (to include psychiatric, psychological, social services and counseling) and, in some instances, educational services (to include remediation and tutoring) which might be delivered at a local school setting. On the whole, the relationships between these programs and local education providers developed as an outgrowth of the programs' holistic, comprehensive service focus. This focus additionally accounts for the provision of a wide range of services such as advocacy, legal counseling, medical care, etc.

Programs were, therefore, first placed into two major categories: Category I: School Intervention and/or Collaboration. Category II: Comprehensive Family/Child Intervention. Then, upon further scrutiny of each program's service strategies and total program thrust under these two headings, service models were developed. Table I, page 21, is a visual presentation of these results.

What follows is a discussion of each service model with regard to model characteristics, critical issues and barriers.

The second half of this chapter, "Summary Observations," is an across-models presentation of findings (critical issues) and barriers.

Table I: Program Model Development

Category I. School Intervention/ Collaboration	Category II. Comprehensive Family/ Child Intervention
Service Model A: Alternative Programs a. Educational focus b. Vocational focus c. Cultural focus	Service Model A: Advocacy Programs a. Child/Youth Advocacy b. Issue/Child Advocacy
Service Model B: Remedial Programs a. School-based b. Program-based	Service Model B: Community/Youth Development Programs a. Community development b. Youth development
Service Model C: Therapeutic-Educational Programs a. Special schools b. School-based	Service Model C: Crisis Intervention
Service Model D: Life-Skills Training a. Teen-Parenting b. Communication	Service Model D: Family Life Education
Service Model E: Consultation/Education and Training Programs a. Out-reach teams b. School-based	Service Model E: Multi-Service Programs

Category I: School Intervention and/or Collaboration

Service Model A: Alternative Programs

The Alternative Model programs are designed to provide educational, vocational, or cultural experiences to youngsters through other than the established school system. These programs target youngsters who are having or are at risk of having difficulty with school and use diverse early intervention techniques such as small class size, extensive community support networking, community resource development, etc. to assist these children reach higher levels of educational, vocational and cultural awareness leading to a re-integration with the public school system. These eight programs are grouped under three areas of program orientation: educational (5), vocational (2), and cultural (1).

The five educationally focused programs, three school-based and two program-based, are funded with either Federal, State or local educational dollars. Both vocational programs are school-based, but receive no educational funds. One hopes to be institutionalized within the Board of Education for fiscal 1978-79.

The cultural program, a storefront operation receiving no educational dollars, uses art as a way of helping youngsters recognize their cultural heritage.

Characteristics:

-The target population is the older child, 13-18 years, with two groups serving the 5-18 year old.

-Population needs center around over-all school adjustment problems including the need for remediation.

-Programs are child-focused with limited parental involvement. Three of the eight programs reported out-reach attempts to parents.

-Class size is smaller affording more individual attention.

-Community resources are developed for referral purposes and to provide youngsters with "real life" experiences.

Issues:

-Since the Board of Education was involved with program inception and/or funding, the power issues involved in collaboration do not exist, or were not emphasized by the programs.

-With the exception of two of these programs, populations served are difficult and could be earlier identified through screening in the primary grades.

-There is a need for viable training programs and realistic job development strategies for youth. Concrete community resources need to be developed. One vocational program is interested in serving court related youngsters but is rightly concerned about the program's ability to successfully develop resources for this population.

Barriers:

-Vocational settings are confronted by the especially high adolescent unemployment rate and generally poor job market.

Service Model B: Remedial Programs

The Remedial Model programs are designed to work with the learning disabled child and have three main objectives:

-To early identify cognitive and learning deficiencies.

-To bring the youngsters up to grade level once these developmental lags are identified.

-To enhance a child's self-esteem and over-all school performance through this process.

As a whole, the Remedial Programs are the most rigorous in their ability to diagnose, treat and re-test youngsters, keeping careful track of client progress. They, too, are the most narrowly focused of the ten models in that their thrust is on educational achievement with some, but minimal, parent involvement.

Of the ten Remedial Programs, seven are school-based and three are program-based. Of the seven school-based programs, five receive educational funds and the other two have extensive staff-sharing arrangements. One of the latter is not school-based but was placed in this model because of its extensive involvement with local education providers.

Characteristics:

-The target population is weighted towards the younger child with seven of the ten serving the 5-12 year old; three of these serve up to 18 years. Three programs serve the 13-18 year old only.

-The programs' emphasis is on diagnosing specific learning difficulties. Programs are, therefore, more narrowly focused on educational remediation.

-Sophisticated testing materials have been developed for youngsters and more formalized client evaluation procedures exist.

-Services are delivered by special education teachers, except one program which uses volunteer tutors for remediation under the guidance of teachers.

-Local school district involvement is extensive in the planning and operation of programs.

-An emphasis is placed on parental outreach with eight of the ten programs reporting parental outreach efforts. One has a large parent-volunteer group.

Issues:

-The development of incentive and accreditation programs for volunteers would curtail turnover of trained persons.

-Funding packages do not allow sufficient money for the hiring of experienced professional staff to work with the learning disabled child.

-Retrieval of information regarding youngsters, particularly the urban youngster, is impossible. The reported worst offender is the Board of Education who is the primary referral source.

Barriers:

-Funds for learning disabled youngsters are only awarded to special education departments rather than to support early interventive work. Programs which refuse to label their youngsters as "learning disabled" are in constant danger of, and often do, lose their funding.

Service Model C: Therapeutic-Education Programs

The Therapeutic-Educational Model programs are quite similar to the preceding Remedial Model except that they present a dual focus - mental health and education. The objective is to provide a mental health and educational agenda for youngsters and by doing so, to upgrade a child's total functioning both at home and at school. Here we see an interlocking of mental health and educational professionals, heavily involved with local school systems, and an emphasis on parental involvement.

Three of the five programs are school-based; two are special schools. Two of the school-based settings receive educational funding as does one of the special schools.

Characteristics:

-The target population is tilted toward the younger child with three programs serving the 5-12 year old and two, the 13-18 year old.

-There is a broader program focus intertwining educational with social service and/or mental health staff.

-Treatment approaches center on the use of interdisciplinary teams.

-Parental outreach is stressed in four of the five programs.

-Total milieu approach is used to coordinate educational and clinical programs to reach the youngsters.

Issues:

-Case planning is difficult in deciding who has ultimate case responsibility, the educational or clinical components.

-Programs have no input as to which Board of Education teachers will be assigned.

Barriers:

-The innovative, collaborative structures of these programs has led to serious funding problems. The indecision around who will fund, Education or Mental Health, has caused one program to refuse youngsters from its own county because the county will not be reimbursed by the state for educational expenses.

Service Model D: Life Skills Training Programs

The four Life Skills model programs are, like the Alternative Programs, targeting at-risk populations: the pregnant adolescent in the case of three of the programs and one program is designed to sensitize the school population to issues of school integration. These programs are hoping to avert future abuse or neglect

by the untrained and isolated teenager; or school turmoil and upheaval due to integration. Their overall objective is to educate around particular life skills development.

One of the three Teen-Parenting Programs is school-based; none receive educational dollars. The fourth program providing information to teachers and students around school integration issues, what to expect and how to overcome barriers, is funded with educational monies.

Characteristics:

- -Programs use a task-oriented, group-focused approach in the areas of parent skills development and conflict management.
- -Early intervention techniques are employed to educate around special life needs - to inform and make aware of one's own and each others needs.

Issues:

- -Program evaluation procedures are difficult since one is targeting "at-risk" groups hoping to avert future problems.

Barriers:

- -Funding is difficult to develop as adequate "indicators of success" are non-existent for programs targeting at-risk clientele.

Service Model E: Consultation/Education/Training Programs

The objective of the Consultation/Education/Training Model programs is to provide comprehensive community-based, mental health services. In addition to providing direct services to

their youngsters, such as counseling, remediation, tutoring, etc. they also act as consultants to other service providers. Interestingly enough five are operated under the auspices of local Community Mental Health Centers as outgrowths of their comprehensive planning process, instituted in 1966 as a result of the Comprehensive Health Planning and Public Health Services Act.

The other five programs, not affiliated with community mental health providers, do share with them a willingness to treat a range of psychological problems by offering diverse mental health services (individual, group, or family therapy) in a community context.

Of the ten programs in this model, five are school-based and five are program-based. None receive educational monies.

Characteristics:

-The target population is the 5-18 year old.

-Emphasis is placed on parental involvement with five programs viewing the parent as part of the overall treatment process and five engaging in out-reach efforts.

-The five program-based settings use out-reach teams, placed at schools, to deliver clinical services. These teams are composed of parents and/or paraprofessionals.

-Extensive community and county networking for referral purposes is another component.

Issues:

-Case planning and decision-making difficulties were not emphasized primarily because many of these programs are seen as filling a gap in the school system, i.e. lack of guidance staff.

Barriers:

-Innovative programming curtails funding possibilities. One program recently lost its drop-in center and library because no way could be found to fund this component.

Category II: Comprehensive Family/Child Intervention

What differentiates the programs found under the Comprehensive Family/Child Intervention category is, in general, their broader service focus, emphasis on mental health as opposed to educational services and their seeing the family as the arena for service delivery. In addition, the majority of programs are not closely affiliated with local schools, but reflect a host of programming techniques to insure school involvement in the overall early intervention service strategy.

Service Model A: Advocacy Programs

The Advocacy Model programs are characterized by their shared objective of advocating on behalf of youngsters to protect them from system abuses thus safe-guarding their rights as children. Four of the five programs focus on the urban adolescent in trouble and use the provision of concrete services, i.e. food, clothing, shelter, as a way of reaching, protecting and treating youngsters by essentially negotiating other systems such as education, family, welfare, health, etc. to best serve the adolescent population.

The fifth program focuses its energies on the school rights of school-aged children and will not only handle individual case situations, but will, if necessary, follow through with the court

system which often results in decisions affecting general school policy. They are further characterized by an extensive community outreach and community education service component to build an aware and informed constituency.

All five programs have informal relationships with educational providers on a case-by-case basis. One program provides on-site tutoring, but receives no educational monies.

Characteristics:

-The target population is tilted towards the older child. (The Issue/Child Advocacy Program serves the school-age youngster, 5-18 years old.) One of the Child/Youth programs has no specified intake age, but most youngsters are adolescents.

-All are located in urban settings.

-Programs see the child as the prime client with family involvement tangential. Four of the Child/Youth programs will contact the adolescent's parents only with the youngster's consent. This is waived in cases of dire emergencies.

-Systems are tackled on behalf of youngsters. Programs will intervene with schools, courts, families and advocate for children's rights.

-Programs are crisis oriented becoming involved after a crisis - i.e. abridged school right, run-away, physical harm, drug use, prostitution, etc.

-Services are designed to be as non-threatening as possible in order to build trust. Four of the Child/Youth programs offer a multitude of services in one place such as mental health, adolescent medicine, tutoring, recreation, career training, etc. The Issue/Child Advocacy Program will follow-through with cases for long periods of time to insure compliance by the school system.

Issues:

-Service fragmentation is caused by the nature of diverse and complicated children, youth, and family service provider

systems which advocates must negotiate on behalf of their constituents.

-Due to the nature of these systems, case planning responsibility is often blurred and further impeded by the fragmented internal structures of public agencies.

-Programs have difficulty in maintaining a pool of current information regarding legislative changes affecting youngsters as well as an updated local resource file.

-Training in crisis counseling, especially for volunteers working with the urban youth, is a highly specialized skill not yet fully acknowledged for development by existing human services training centers.

-The very nature of the Child/Youth Advocacy programs precludes follow-up and, therefore, accountability revolving around indicators of success are impossible to develop. These programs are best assessed on their overall utilization rate and can follow-up with specific indicators for those youngsters returning on a regular basis for services.

Barriers:

-Funding mechanisms do not currently exist for respite or crash-pad services for these Child/Youth Advocacy programs. Several do have such a capacity, but are stretching current funds and staff to meet this need.

-These programs exhibit diverse multiple-funding arrangements generating an inordinate amount of paperwork taking away from program operation. Institutionalization of funding patterns for this model is crucial.

Service Model B: Community and/or Youth Development

The objective of the Community and/or Youth Development Model programs is to treat, in whatever way possible, children and families in a definite community context. One could almost say that the Community Development grouping sees the "client as community" and service provision is weighted towards viewing overall family improvement contingent upon neighborhood health.

Therefore, there is a tremendous effort geared to neighborhood improvement, neighborhood education, making neighborhood support systems work, and negotiating with the larger community service systems of welfare, health, education, etc. to facilitate neighborhood growth and development.

The Youth Development grouping does to some extent resemble the Alternative Model by serving youth in trouble with other systems. However, the service focus is wider and includes educational services (tutoring, remediation) as part of a total package ranging from social services, counseling to advocacy. For the most part, these settings view "youth as a resource" to reach other youth and see their development as interconnected with neighborhood resource development and community improvement.

There are six Community Development and thirteen Youth Development Programs. For clarity of presentation, we will first indicate those characteristics relevant to the model and follow with a discussion of characteristics for each component.

Shared Characteristics:

-The youth/family is viewed as part of community/ environmental context.

-Treatment is based upon not only direct services, but in extensive community networking for resource development and referral on a more localized neighborhood basis.

Community Development Characteristics:

-Community is seen as the treatment context for families. These systems are viewed as inter-connected, living and changing organisms which require comprehensive services

(mental health, casework, specific concrete services) geared towards orchestrating other service providers, schools, hospitals, welfare, etc., to best reach families. The emphasis is on upgrading of total environment.

-Five of the six programs provide on-site educational services and/or provide counseling at local schools.

Youth Development Characteristics:

-The target population is the youngster in trouble with school, the law, drugs, etc. General focus is on the older child, over the age of 12 with the exception of one program which targets a special group of 6-7 year olds having school and/or home adjustment problems.

-Program goal is to renegotiate community systems to best serve youngsters through extensive community out-reach.

-Nine provide school-based counseling services; four provide program-based educational services for which one receives education monies.

-Family relationships are seen as important, but programs are definitely child focused, (only three programs recorded formal service delivery to families).

Issues:

-Time is not available to locate and update legislative and other issues relevant to children/families.

-Manpower is limited for the development of resources for youngsters.

Barriers:

-Most of the Youth Development programs serve youngsters who have been labelled as "juvenile offenders" or "drug abusers." Therefore, funding is under strict and restrictive guidelines not allowing for family work or after-care services. Due to programs' desires to meet the needs of their populations a great deal of time is spent in applying for alternate funds.

Service Model C: Crisis Intervention

The Crisis Intervention Model programs are designed to intervene as close to crisis occurrence as possible, i.e. abuse, neglect, death, divorce or separation; assess immediate needs and provide sustaining services such as counseling, re-housing, etc. so as to prevent family breakdown. Although services are crisis-oriented, a great deal of time is spent in the development of community resources and networking to enhance support systems.

These five programs all have informal relationships developed with local schools. One program provides school-based counseling.

Characteristics:

- -Programs target families and children (5-18) who have just experienced a life crisis such as abuse, death, divorce, etc.
- -They provide intensive casework and supportive services to prevent further family deterioration which could lead to foster care placement.
- -Close relations exist with referral sources, whether schools or departments of social services, to better facilitate treatment and planning.

Issues:

- -For abuse and neglect situations, the Department of Social Services has ultimate case decision-making responsibility. Often, plans made for families by the program are overruled by the Department of Social Services worker who has had minimal case involvement.
- -These programs, while crisis oriented, are inappropriately thought of by funders as short-term. The pathologies, however, require long-term follow-up. Funding packages do not allocate monies for after-care causing fiscal strains.

Barriers:

-The case planning process is encumbered by case managers in public agencies who are unable to negotiate their own systems.

Service Model D: Family Life Education

The Family Life Education Model programs resemble the Life Skills Programs in their targeting of "at-risk" populations, abusive or neglectful parents and parents of juvenile offenders. The focus here is on the parent's development of an increased awareness as to why they have abused or why their child is an offender. This focus is less towards the development of particular concrete skills, and related more to increased self-awareness promoting family harmony.

Characteristics:

-Programs focus on "at-risk" populations, generally 16-18 who are potentially abusive and/or neglectful parents. One program intervenes with the parents of juvenile offenders to prevent total family disruption and to promote understanding of youngsters' actions. These youngsters are seen in another part of this program.

-Emphasis is on mental health services. Two are providing services at schools.

-Group treatment focus predominates.

Issues:

-It is difficult to develop indicators of success for "at-risk" target groups. These programs are geared towards impacting on family life to affect future changes in behavior.

Barriers:

-As it is difficult to document program success, other measures must be developed to document program impact so as to obtain funding.

Service Model E: Multi-Service Programs

The seven Multi-Service Model programs reflect the most characteristic holistic-family approach to treatment of the programs surveyed. Because of the variety of services delivered and variety of service foci, they did not lend themselves to placement in any of the other service models in either category. They treat, negotiate, advocate, educate, are crisis oriented, and develop resources within and without their community impacting on all service systems touching on the lives of the families and children served.

Characteristics:

-The target populations are families and children (5-18) in the community/neighborhood served.

-Five programs provide educational services on site and/or counseling at local schools. None receive educational monies.

-Programs are family, child and community development oriented. They attempt to address total needs of families, containing traditional services as well as crisis intervention, advocacy and extensive community resource development for referral based upon need.

Issues/Barriers:

-Due to multi-faceted, multi-networking public agency structures, case management and service fragmentation are key issues. Community agencies find it a full time job to understand and negotiate among the various public agencies making it all the more difficult for them to hold these agencies accountable to their clients as well as provide them with a satisfactory level of service.

Data Areas Not Addressed by Programs

The two main areas of Data Collection most frequently absent from the Survey Questionnaires and/or not highlighted at the time of site visits were:

-Family Income - most programs did not keep a record of the fiscal status of families served.

-Program Problems and Successes - many programs did not outline difficulties in any of the specified categories: funding and contract arrangements, legal/legislative, inter-agency communications, and effective service delivery.

Additionally, we were surprised that most programs did not address the question "Overall how successful would you say your program is and why?"

The following section is a discussion of summary issues relevant to early intervention programs in general.

B. Summary Observations

The following represent across-model findings (i.e. critical issues). Part two of this section represents across-model barriers to program functioning. All of this information flowed from Survey Questionnaire data and discussions with program representatives at the time of site visits and later transcribed onto Survey Interview Guides.

1. Findings

a. Community and/or Neighborhood Development

In our study of state-wide programs for children, we found family intervention/involvement to be increasingly emphasized. In addition, recognition of the importance of community and neighborhood environment in the genesis of life-crises and pathology has seemingly led to a renewed interest in neighborhood development strategies as evidenced quite fruitfully by such programs as Community Mediation Training Program -Bronx, North Shore Child Guidance Association and the Community Council on Careers in Syracuse. Each has a particular goal for their community development strategy: community/neighborhood as a resource for supportive networking: community as an educational forum: and community networking, both public and private, to target job training potentials, respectively.

There is a substantial theoretical and practical support for a system of early-intervention programs designed for the community and family as well as for the child. The President's recent Commission on Mental Health notes:

> "...Community Mental Health Centers have been criticized for a range of things including not having preventive services...the Commission recommends that applications for funds for CMHCs in unserved and underserved areas be approved, continued limited federal funds go to CMHCs for non-reimbursable services, and CMHCs be allowed more flexibility in their operation...Priorities

> stressed by the grant program would be services to the special age groups of children, adolescents and the elderly."

The Carnegie Council in its 1977 report All Our Children, emphasized its concern for the well-being of the child and the integrity of the family. The report stressed the need for universal access to a locally determined, federally guided and monitored, convenient, and coordinated service system. Such a system, constructed to provide maximum choice and consumer participation would be preventive: communities themselves would be the collective support network for their families and children.

In addition to formal networking for community and/or neighborhood development, we found informal local resource and supportive systems growing especially in the upstate areas, both rural and urban. The programs visited in Syracuse and Rochester displayed a particularly keen awareness of each others' functions and goals. This informal mechanism was seen less in the downstate areas and when present had a distinct neighborhood focus, such as the Family Reception Center in Brooklyn's Park Slope area and the Lower East Side Family Union in Manhattan.

> "The Family Union tries to blend into the community and reinforce the neighbors' informal self-help network. Residents of an apartment building, for instance, may trade off baby-sitting tasks or help a family financially if they can. But team-leader Ann Tang has found that, unfortunately, this type of self-help is

still uncommon in the area.

> The fourth Family Union team concentrates on community organization, finding ways to strengthen neighborhood cohesion and agency cooperation. The team's office is located on Second St., in one of the poorest, most devastated areas of the Lower East Side. Much of the team's effort is focused on bringing the people on that block together."
>
> (Bush,S."A Family-Help Program That Really Works." Psychology Today, May, 1977, p.50).

An interesting research endeavor,undertaken in 1974 as an outgrowth of the reorganization of the Buffalo Department of Social Services, created a neighborhood based program designed to move into crisis situations, on a 24 hour basis, concerning family disturbance and child crisis. The Project,called the West Side Children's Services Project, developed from a community outreach rather than placement orientation. They found that:

> "...the informal community network was most important ...it became clear that there was a complicated informational process within the neighborhood often connected with certain ethnic factors and ...the original objective needs to be placed within the framework of the neighborhoods.
>
> What was quality from the viewpoint of professional social work often had little meaning to neighborhood residents, and 'quality' sometimes needed to meet these other standards. Educational level of staff often meant very little, whereas association with ethnic groups, the neighborhood and personal qualities were the means by which trust could be established. Formal affiliation was apt to trigger response related to alienation these people often felt to the dominant community."
>
> (Child and Family Services, "Final Report on the West Side Children's Services Project," Buffalo, N.Y., Oct., 1974, p.8).

These programs were based on the assumption that highly vulnerable families were not being reached by traditional agency approaches. Some of the conclusions of the study were:

-Many problems which come to light arise from serious flaws in broader facets of community life.

-Helping parents to cope with some of these basic problems is a necessary part of child-crisis consideration. Concrete services and immediacy are important.

-Averting crises extends beyond this to the provision of skilled support services.

-A child crisis service must be organized and staffed to provide a "mix" of quite varied services, i.e.

a) diagnostic assessment,
b) counseling with individuals and groups,
c) development and supervision of a variety of child care resources,
d) outreach to gain trust and participation of neighborhood residents to learn of child care needs,
e) capacity to help families resolve concrete reality problems,
f) capacity to mobilize community resources and to arouse community concern over unmet and poorly met needs, and
g) leadership to citizens' committees formed to promote understanding of project goals.

(Child and Family Services, Buffalo, p.70).

The conclusions are relevant for the Comprehensive Family/Child Intervention category, particularly, the Crisis Intervention model. Parsons Institutional Prevention Project has an extensive pre-intake period where outreach to clients is

used to build a trust relationship between the social worker and the family. Caseloads are small and a variety of services, from mental health to concrete problem-solving, are provided.

b. Youth Development

> "A significant relationship between delinquency and low self-esteem has been established by other investigators. The delinquent peer group becomes an available outlet for enhancement of reputation so sorely undermined in the school atmosphere. Unable to influence others, negatively influenced by others, pervaded by a deep sense of inferiority, rejected by the dominant sectors of society, delinquent youth seeks to compensate for this powerlessness by reliance on the peer group to provide a type of socialized outlet for rage and anger, and an internal substitute for internalized strength and self-esteem." (Meyers, Edna O.,"Search for Preventive Approaches: Developing Cognitive Skills in a High Risk Community as a Deterrent to Maladaptive Behavior,"Northside Center, 1971, p.3).

An important focus in seeking to provide services to youth is recognition of peer networks. In adolescence, when horizontal influence is strongest, there is often a concommitant rebellion against vertical influence (authority figures and establishment structures). Program strategies that hope to engage youth in order to redirect destructively focused energies can capitalize on an adolescent's desire to impress his peers, to be given a certain amount of authority and recognition within the group in the interest of an activity that has relevance and legitimacy within that group.

In Niagara Falls, Planned Parenthood began a peer outreach project that employed this youth resource approach to programming. The identified need was sex information - a topic obviously relevant for a teenage population - and the program's premise was that by recruiting a group of youths, carefully screening them and providing them with correct information regarding birth control, V.D., etc., they would be in a position to disseminate information through ongoing peer communication networks. The peer workers engaged in informal, conversational education and also provided more formal workshops at the request of community groups.

Another example of youth resource development is the Northwest Bronx Community and Clergy Coalition, Youth Development Project. Using eleven already established neighborhood associations as a base, Youth Outreach workers sought to involve adolescents in community and neighborhood issues such as housing problems, block clean-ups, etc. Youth leaders are selected in each of the area associations and a youth committee composed of these adolescents formulates areas of priority. Last year job development was one of the major foci. As a result, the Youth Development Project was awarded Comprehensive Employment/Training Act (CETA) money - the only program in the Northwest Bronx to receive these funds.

c. Parental Involvement

> "...the schools, for the most part, are acutely aware that the educational process depends on the adequacy of the school-home collaboration. The evidence is abundant that many learning failures originate in disturbed parent-child relationships. Thus, the schools are more and more recognizing the importance of helping parents to promote their children's successful emotional growth..."
>
> (Lambert,N., p.42).

> "...parents and paraprofessionals can be trained to do more than custodial work with children; even with a minimum of formal education paraprofessionals can develop competence which would not only increase the skills and creative techniques of paraprofessionals, but also give them additional leverage in working with children."
>
> (Meyers,E.,p.20).

Monty Street School in Plattsburgh is an excellent example of the interweaving of two themes, parental involvement and parents as paraprofessionals. For example, a parent Advisory Committee exists which plays a key role in the Policy Advisory Committee, 50% of whom are parents. Parents engage in volunteer classroom work which is seen as a way of helping them develop a more positive attitude toward school and enhance their knowledge of classroom procedure. The paraprofessional Parent Social Aide position under Social Services has a variety of responsibilities, but is seen primarily as crucial to the development of close ties between home and school. The Parent Social Aide is also part of the Interdisciplinary

Treatment Team. There is also a Parent Room where parents meet around a host of issues including school, nutritional training, community problems, etc.

The use of a variety of parent groups is outlined by Lambert. She describes, "The Protection and Promotion of Mental Health in Schools," five parent groups:

- General child-study groups: recruited system-wide on a voluntary basis, usually includes troubled parents with the greatest felt need for help with child-rearing concerns. These groups are often quasi-therapeutic in nature and intent.

- Neighborhood child-study groups: from within local school unit, parents living in a particular neighborhood are sometimes able to develop more supportive, lasting relationships which, on occasion, have proved valuable in forestalling or resolving neighborhood conflicts or planning for neighborhood needs.

- Crisis groups: recruited from parents whose children were making the transition from home to school. Such groups can be recruited from among those facing any of the common transition pains in the school experience.

- Groups facing common predicaments: often derive help from regular meetings, for example in special education programs a guided group discussion for parents of exceptional children. From these, often planning and action goals evolve which may result in program development.

- Schools may also serve as the rallying point for ad-hoc groups of parents involved in specific neighborhood problems common to them all.

In addition to Monty Street, we must highlight Volunteer Counseling Services, Rockland County's Children's Special

Services and the Family Counseling Services of the Finger Lakes, in Geneva, for their creative use of parent groups.

d. Schools as a Site for Early Intervention

> "...one primary area of (early intervention) should be the school as that social agency which intimately deals with the cognitive and emotional patterning of children for a significant period of their development."
>
> (Pollack, Cecelia, "Extending Clinic Resources-- A Remedial Therapy Program in a School," Maimonides Medical Center, 1966, p.1).

> "...since the classroom teachers are the most appropriately placed workers in the schools to identify early stages of crisis in children, they can often intervene effectively by offering support and guidance at the most strategic time. Many teachers do this already. Mental health professionals can introduce more professional self-awareness into this process by sharing with teachers an increased fund of special knowledge."
>
> (Caplan, G., in Lambert, N., p.20).

This survey placed special emphasis on programs that have, or are attempting to develop, collaborative relationships with local school districts. The programs we observed ranged from those having formalized structural relationships, worked out between program administrators, to programs that supplied mental health consultation and education at the request of specific teachers and guidance counselors. (Please see Table II page 47 for a visual presentation of school-program interface.)

TABLE II

CONTINUUM OF INTERFACE OF EARLY INTERVENTION PROGRAMS AND SCHOOLS

Education Services Funded with education monies		Education or other services delivered with heavy staff/space share with schools		Program-Based Education Services No education monies	Informal Case-by-case Contact with schools
School - Based	Program - Based				
-Monty St. School -Primary Mental Health Project -Human Relations Program -Learning Disorders Unit -Wheelerville Union Free School -Project BEST -S.I. Continuum -Reading Prog. -Eng. & Math Skills -City-as-School -Youth Dir. Council Alternative Schl. -Albany St. Acad.	-S.I. Continuum, -Bridge -Youth Svcs. Proj. -Project Strive -Children's Art Carnival	-Child. Day Trtm . Center -SPARK -Family Enrichmt., Buff. -Queens Fed. -Puerto Rican Family Institute, Bilingual Educ. -Youth Directional Coun., Outreach Program -Cayuga CMHC -Riverdale Child.'s. Svcs. -19th Ward -Mobile Interven. Proj.,Utica -Partners in Prevention,Utica -HALT, Kingston -Saratoga CMHC -Niagara CMHC -Unifed Svcs., Troy	-Careers in Aviation -Community Counc.on Careers, Syracuse -Peer Out-reach -No. Village Green -Farnham Youth and Developm. Ctr. -Goddard-Riverside Youth Program -Elmira Neighborhd. House -Youth Services, Cortland -Family Reception Ctr. -Volunteer Counsel. Svc. -Child & Youth Develop. -Family Life Ed., Geneva -Bed.-Stuy. Restoration	-Haverstraw -LaSalle Acad. -Child & Family Svc., Syracuse -Cayuga Counseling -Bklyn. Assoc. of Settlement Houses -NW Bx. Community & Clergy Coalition -Poughkeepsie Family Day Care -Huntington Family Ctr. -Puerto Rican Family Institute, Family Preservation Program -Lower Eastside Family Union -Threshold -North Bx. Family Svc. -Bk. Community Mediation -Bed.-Stuy. Restoration -Goddard-Riverside Youth Program -NEEDLEN Pins Diversion -Bilingual Tutorial Program, Yonkers	-Grp. Counsl., Geneva -Bx. Youth Divers. -Youth Forum, Horseheads -Youthful Offender, Poughkeepsie -Brighton Family Ctr.(2) -Youth Direct. Council, Counseling Prog. -Williamsberg Ctr. -Advocates for Child. -Under 21 -The Door -North Shore Child Guidance Ctr. -Port Authority Prog. -Cathol. Family Ctr.,Rochester -Child.'s Special Svcs.,Rockland -Peninsula Counseling -FACILE -Families at Risk, Geneva -Parsons Child & Family Center, Albany

Children in our schools are increasingly exhibiting a range of learning and behavioral problems that seem to be in part a function of emotional difficulties that begin outside the school. When a particular set of problems such as school maladjustment or truancy becomes so widespread it becomes cost-inefficient to continue only to provide services on a case-by-case basis without some attention to the larger, common structural elements in a particular cluster of families or communities that may be contributing to the problem. Since schools are the primary alternate site in which young children function, treatment and early intervention efforts must include an effort to reconcile home and school. This strategy must involve collaboration among disciplines--mental health workers recognizing the importance of school in a child's life and school administrators acknowledging that school boundaries are not impermeable.

The Primary Mental Health Project in Rochester is one of the functioning models surveyed with demonstrated effectiveness. Its main strategies include:

1. A focus on primary school children before problems become entrenched.
2. Systematic development and use of early detection and screening procedures.
3. Use of non-professional aides (with training and supervision) to serve as observers and helpers.
4. Enabling a change in the role of school based mental health professionals to emphasize consultation;

resource and educative functions rather than one to one services between child and professional.

5. Steps toward true primary prevention through development of training programs (including alteration of basic educational curriculum) to include social problem solving skills for young children, adolescents and families.

Because the program also includes a heavy emphasis on research and development, it has been able to demonstrate a positive impact on the children it involves.

> "Ralph Ojeman has criticized the content and process of teaching which obtains in many schools in this country. He has suggested alterations which will focus on a 'causal orientation'---that is an approach in which the child attempts to understand the causes of the phenomena he perceives, and to choose from a range of alternatives in keeping with the complicated nature of the phenomena... In relation to improving a child's capacity to deal with life's problems, particular importance is to be ascribed to training that will help him to withstand frustration and anxiety; to persevere with problem solving; to confront his problems actively; and to be able to ask for help without weakening his self esteem."
>
> (Caplan, in Lambert, 1965, p.13.)

The Human Relations Program in White Plains is a program model that illustrates the structural definition of a problem, and an intervention strategy that seeks to deal with the structural as well as individual issues involved. As was written about this program in 1975:

> "...Mr. Cohen believes that feelings of social responsibility and self-worth are important to academic success. He offers to help teachers develop these feelings in their students, though he never goes into a school or a classroom without being invited."
>
> (Stashower, Gloria, "Beyond School Integration," American Education, Vol. II.,No. 3, April, 1975, p.31).

After desegregation of the White Plains schools in the early sixties, racial tension continued to be present. In 1968 several confrontations erupted at the school. An examination of the problem led administrators to construct a program of intervention that stresses the problems of communicating and human relations that they presumed to underlie many of the disruptive incidents. The evolution of the Human Relations program reflects a willingness to look beyond individual cases and traditional solutions which might easily have been dealt with through suspension, or with individual psychological counseling. Human Relations seminars have now become an integral part of the school curriculum.

Early intervention efforts delivered in the school setting make sense given the fact that younsters spend the greater part of their lives, expecially before the age of 16, in school settings. The reciprocal deterioration of some communities and schools has demonstrated the deep connection of the two. A shared mandatory policy between school personnel on the one hand and community and parents on the other, should be required. They should be accountable to each other and to a body representing the interests of parents, children, community, the early intervention program and school.

e. Early Intervention: Context and Problems of Access

The central issue is HOW TO CONSTRUCT A MACRO-

POLICY THAT STILL ALLOWS ADEQUATE FLEXIBILITY AT THE LOCAL LEVEL AND AT THE SAME TIME PRESERVES A SYSTEM OF ACCOUNTABILITY.

A comprehensive social service system for children and families should involve structures and strategies that encompass the following needs:

1. Contributing to socialization and development (prevention).
2. Facilitating information about and access to services (education).
3. Providing help, guidance, counseling to families/individuals facing crises, problems, pathology to re-establish functional capacity (early intervention).
4. Supporting mutual aid, self-help, participation activities aimed at planning and prevention efforts (community/neighborhood development; youth development).
5. Integrating the variety of various services/ networks at neighborhood level.

(Adapted from Kamerman, S. and Kahn, A., 1976).

Early intervention as it has been defined and delivered by many of the programs we studied is a form of education: education about mental health services as much as the actual delivery of those services. The failure of many community mental health programs to serve their populations often has much to do with the way in which traditional mental health services are designed and presented. Distrust of traditionally labelled "psychiatric" and "social work" services has been well documented. Public attitudes toward mental

illness are still pervaded by misunderstanding and fear, a point often forgotten by professionals (Rabkin 1971). An interesting group of studies conducted by Starr in the 1950's demonstrated that many persons in the lower socioeconomic strata will tolerate a wide range of behavior (the same behavior that a mental health professional will place in a diagnostic category) without labelling such behavior as "mental illness." Only grossly threatening behavior -- equivalent to the description of paranoid schizophrenia -- elicited the "mental illness" label, for which recommended treatment was hospitalization. To the extent any services, however innovative or comprehensive, are delivered in the context of a clinic or hospital or under the designation "Mental Health services", they run the risk of being underutilized for reasons that have little to do with service need or content.

The same services, presented in a different manner at a Family Life Center or under the heading Unified Services, (i.e., such as Unified Services for Children and Adolescents, Troy) may possibly mobilize less resistance and fear. This is more than a superficial concession to class perception; such a willingness to deviate from traditional labels can represent a mutual

educational process for service providers and planners, as well as for the communities they serve.

f. Evaluation as a Tool for Program Planning

Human service professionals tend to demonstrate an enormous amount of evasiveness when questioned about program success. This resistance may be an inability to articulate in formal terms what one often 'senses': positive change or growth in the person or situation concerned. The solution is to ask evaluative questions indirectly. By requesting a discussion of a particular case, that same evasive or reluctant professional can usually provide adequate information about success or failure, movement or stagnation. Obviously, formal evaluation is an attempt to quantify lengthly descriptions. But such quantification is often resisted as reductionist by service providers.

We discovered a range of responses to the issue of evaluation in the programs studied. For the most part, the evaluation section of the questionnaire was the least informative. The formalization of the evaluative tools within a program seemed to be directly related to the level of formalization of the program and the number of systems in which it sought to intervene. Thus, more broadly construed programs, those that are operating

within a less traditional approach to "treatment" are having the most difficulty in demonstrating the effect of their programs through traditional methods. This occurs at the same time the theory of treatment is straining to grow beyond a narrow focus on the "child" as the intervention target. Table III is a summary of Program Evaluation data.

Table III

Method of Program Evaluation of Early Intervention Programs

Total programs surveyed = 77

Method	Number of Programs
1. Formal-Internal	9*
2. Formal-External	31**
3. Neither	40
4. Not Provided	3

* Four of these had formal-external evaluations as well.

** Two of these were one-time, special evaluations.

By formal-internal evaluation we are referring to those programs which have evaluation instruments and periodic written assessments.

Formal-external refers to written, periodic assessments performed usually by the funding agency, or, as with several agencies, by specifically contracted-for services.

The 40 programs which have no formal evaluation methods relied exclusively on informal - internal techniques, i.e., group discussion of program operation, etc. One program had an external-informal evaluation performed by a local civic group.

Evaluation is crucial to program planning, but it is often perceived by programs as an exercise that has little relevance to day-to-day operations. Internal evaluation, which was most often informal, was not often useful to outsiders seeking to understand and replicate program structure even though such evaluation served a planning function for the agency itself. Outside evaluations, however, were often perceived as troublesome and time-consuming with little relevance to operation. This could be due to the fact that the monitoring function of regional or state governement offices often obscures the technical assistance function of site visits or evaluative yearly reports.

The section to follow discusses those particular barriers to program operation highlighted by early intervention program providers.

2. Barriers to Program Operation

The following discussion stems from those issues brought to the attention of project staff by program staff at the time of our site visits. These represent barriers which affect all programs regardless of model. Barriers relevant to particular models have been previously identified in III A, "Program Models."

a. Funding and Legislative Issues

1. Programs are frustrated over their inability to plan for long-range financial needs due to fixed and time-limited contract periods and the time spent on contract renewals is a drain on program staff. Responsibility for the development of funding resources is a full-time job and programs do not have this capacity. Too much time is spent in yearly renewals with main funding agencies, as in the case of demonstration grants that end after one year, or Law Enforcement Assistance Administration money that ends after three years. There is a scramble for increasing percentages of local matching funds: funds that often are not available.

2. In order for programs to meet designated needs and to remain financially viable, multiple funding arrangements are common. Program people were dismayed at the inordinate amount of time required to juggle funders whose reporting requirements are not only different, but often

at cross purposes.

3. Long-term public funding arrangements are viewed by many to be the only viable route. The 50-50 private-state match for preventive programs is difficult to achieve. Full public funding of workable models with proven track records was seen as a positive alternative.

4. Refusal of particular programs to label their youth as "handicapped" has caused the youngsters to fall between the funding cracks making monies unavailable to the "at risk" categories. This points up a much larger issue raised by program representatives, namely the total disregard by funding sources of a program's treatment successes, innovative aspects and unique components. If a program's format does not strictly meet funding guidelines, chances are, unless the program is politically visible or powerful, it will not be funded. Those programs which refuse to alter committments to suit funding sources have to do battle continually.

5. Given the trend towards community-based family treatment, the funding from all sources, which breaks down into either monies for children or for adults and with a larger part going for residential care, is a clear

Barrier to program service delivery. Movement of monies, especially out of Foster Care, was a topic which was met with the most cynical responses.

6. Programs indicated extraordinary delays caused by the filtering of State, or Federal monies through local departments. Generally, the delay in receipt of these funds is 3-6 months from the time of contract commencement. This places the small, independent setting in jeopardy.

7. Funds for replication and start-up (seed) are viewed as essential to full funding. Several programs felt that funding should allow for the dissemination of program model activities to other parts of the State especially to the more rural, isolated areas. Some administrators are doing just this and bearing the cost.

8. Frustration was expressed at the lack of clear information available regarding local level funding, as well as on a state, or national basis. Too often situations were related of missed application opportunities due to sketchy or inappropriate information being disseminated by local officials.

b. Management Issues

1. Most programs do not have the money, technical

expertise nor manpower available to develop internal evaluation instruments and procedures.

External program evaluations performed by funding sources were viewed negatively due to their intrinsic relationship to funding. Internal evaluations and those external ones not tied to funding were viewed as necessary tools.

2. Urban programs reported serious difficulty in retrieving case identification, i.e. name, birthdate, address, etc., information on youngsters and their families from public agencies.

c. Outreach

1. The models in the Comprehensive Family/Child Intervention category saw the school as a structure vital to the planning and implementation of a comprehensive community service strategy. Frustration around the unwillingness of schools to cooperate or the difficulty in getting cooperation was common. Generally, relationships with local school settings for those programs could be predicted based upon whether or not local education providers were at all involved in the program's inception as either sources of referrals, recipients of direct, often times school-based services, or more actively in the program's actual operational design.

The following section presents a series of proposed recommendations aimed at alleviating these barriers.

IV. Recommendations for Consideration

> "The strength of our society also depends on our success in meeting the needs of children. To fail to meet these needs is to waste our future. That is not the way of a compassionate society and that is not our way in New York.
>
> I have directed the newly formed Council on Children and Families to develop specific proposals for early intervention to help children achieve their full potential."
>
> (Governor Hugh Carey, "State of the State", New York Times, January 5, 1978.

In order to be of utmost benefit to the Council in the pursuit of their mandate we have compiled specific recommendations in the areas of: A. Funding and Legislative Issues; B. Management Issues; C. Research; and D. Outreach. The parallel format between these areas and the barriers section previously discussed lent itself readily to a visual presentation found on page 83. This is intended as a brief Barrier-Proposed Recommendation summary.

We must preface this by re-emphasizing the need for a universally accepted definition of early intervention. This is tantamount to the implementation of the Recommendations that follow.

A. Funding and Legislative Issues.

1. Funding guidelines must be assessed with an eye towards longer contract periods and with part of the funding sources' responsibility directed towards assisting

programs to locate alternative funding sources, both public and private.

In addition, funders must begin an across-the-board dialogue around treating early intervention programs as a category for funding, regardless of particular funding source. Hopefully, this would result in the development of funding packages which allow room for creativity and innovation in programming due to more flexibly developed guidelines for the category of early intervention.

These guidelines should allow program managers to manage their day-to-day operation. For example, one program surveyed is funded through Day Care monies but, in actuality, is an After-School program. Day Care guidelines specify that a child must be programmed 6 hours per day. Children usually arrive at the program between 3:30 - 4:00 p.m. Must they be kept at the setting until 9 - 10 p.m. just to satisfy funding requirements?

These types of requirements are against service delivery and child welfare.

2. Contracts should provide for program autonomy and creativity in planning services as well as furthering service integration.

This could be accomplished by having contracts specify that a certain percentage allocation of contracted-for-funds

be spent on services not provided by a particular program. These monies could be used to purchase technical assistance in the areas of evaluation, case management, general administration, or to purchase services such as remediation, career development, etc.

3. The bureaucratic delays currently existing in the receipt of contract funds must be addressed.

Discussions should begin with those foundations, banks, insurance companies or other businesses which have a history of children/family program funding and research the possibility of establishing a revolving loan fund. This would allow programs to draw money, at no interest, against receivable contract monies. This addresses the issue of bureaucratic delays and also assists in maintaining the viability of small, independent programs.

The fund could be administered by representatives from foundations, businesses, government and service providers with a rotating Chair position. The accountability and monitoring procedure should attempt to mirror those reporting procedures already in place.

B. Management Issues

1. Early intervention programs should be provided with technical assistance in the areas of program development, management, evaluation and budgeting.

This could be accomplished through:

-The development of a compendium of standardized case-record-keeping forms for the publicly funded programs. Forms currently in use could be re-worked, especially for intake and psycho-social procedures. Ideally, identifying data, i.e. case name, address, birth dates, other agencies known to, etc., should eventually be computerized for easy retrieval.

-The compilation in a directory of existing internal program evaluation and monitoring instruments and strategies. Most programs lack the time, money, manpower and expertise to engage in the development of such techniques.

-The granting by funders of vouchers to programs to secure technical or other assistance from other programs. This would up-grade programs, encourage cooperation among agencies, and prevent a re-inventing of existing expertise.

C. Research

1. In order to round out to a more comprehensive focus of services to children, 0-18 years, and to determine what works best for particular populations, certain activities must be undertaken.

This would involve:

- An evaluation of a sample of program models and strategies presented in this report to arrive at firmer data about what works best.

- A similar survey and evaluation of programs for the 0-5 year old child. During the data collection phase a number of distinctly innovative approaches in programming for this population were discovered.

- A close look at programs which failed and why. A number of these, too, were found.

- An examination of those components missing from certain types of programs, i.e., crash-pad (respite) services, and what difficulties exist in developing the needed component, such as funding, legislation, community/ neighborhood feedback, program limitations, etc.

- The development of a guide, in layman's terms, detailing legislation, funding sources and guidelines (both public and private), application processes, application locations plus providing a roster of contact persons in government for assistance.

2. External evaluations should have a format aimed at individualizing a program's operation given population, location and staff capabilities.

A range of evaluations differing for each program model and dependent upon year(s) in existence should be developed. Programs have similar operational problems and these technical issues are most prevalent during the first year or so of operation revolving around a continued attempt to meet stated goals.

Most professionals agree that it requires a minimum of two years of operation before a program can be properly evaluated. Programs that lose their funding should do so only because, even with the assistance of their funding source, they prove incapable of meeting their goals and do not possess the capability to re-direct.

2. An in-depth study of monies allocated by all sources for non-residential services to children and families needs to be done. This study would determine how the monies are regulated and which types of programs receive these funds.

A similar study should be done of Foster Care expenditures. The point would be to clarify, for the first time, the barriers to moving money into non-residential services while remaining cognizant of Federal Titles such as XX, and IV, B, of the Federal Social Security Act. The beginning of State-Federal and State-Local discussions around this area is vital.

3. There is a need to have an in-depth look at the comprehensive training needs of early intervention programs.

A research effort should entail compiling and analyzing existing training programs throughout the state and nation. Training programs developed should be tailored to program need. The voucher system as well as the percent contract allocation for purchase of service could be effective here.

D. Outreach

1. Activities ensuring a continual foucus on early intervention issues need to be developed.

Workshops, task forces and conferences need to be organized locally and state-wide providing a forum for addressing issues such as service fragmentation, school-program interface, community/neighborhood involvement, funding and legislative constraints.

CONCLUSION

Earlier in our report we specified a series of questions that we hoped this survey would answer. Our answers are based upon our observations and accumulated data reflecting the nature of this study and as such are neither inclusive nor qualitative. We feel that reasonable responses could be framed from the numbers of resource people contacted, the large number of programs visited and staff interviewed plus the information culled from the literature search activities.

1. What are the service needs of children and families in New York State?

The following service needs were indicated as lacking for children and families throughout the state. Generally, they can be prioritized as follows:

-There appears to be a real necessity for programs geared towards working with the pregnant teenager. These programs should provide information on birth control, training in basic infant care, health and nutrition plus providing supportive counseling and advocacy.

-Many programs expressed concern that more often then not, when an unruly child was causing difficulties in the home or school leading to a parental request for foster care placement, this placement too often was far away from the child's home and for too long a period of time. What is really needed is a short "cooling-off" period for the parents and the child which could be handled through a crash-pad component. Program operators saw the use of neighborhood crash-pad facilities coupled with intensive program services, i.e. counseling, homemaking, location of housing, etc. as a way of preventing family breakup.

-Programs dealing primarily with an adolescent population repeatedly highlighted the need for vocational training and, more importantly, career and job development, locally based with an emphasis on beginning these in the first and second year of high school.

-The majority of programs surveyed pointed to the need for the development of primary prevention programs, i.e. programs which provide services prior to crisis. These services were viewed as essentially educative in nature, targeting the "at risk" populations or the general public much like the Human Relations Program, the Primary Mental Health Project and the Learning Disorders Unit.

-Many programs stressed the need for "parenting" programs, introduced at the elementary school level, based at schools and aimed toward raising consciousness around parenting skills, i.e. what it means to be a parent, etc.

While the above are specific service needs, there appears to be an overall need to network, on the county level, all non-residential programs serving children and families. There are a host of services existing but programs do not have the time to develop the resources and linkages which would enhance their total service delivery system.

2. <u>What types of non-residential services exist for children and families</u>?

The types of services existing in New York State, as seen through our survey and described in our models and

individual program descriptions, are interesting and diverse, ranging from highly structured, special schools (i.e. La Salle School, Children's Day Treatment Center, etc.) to local, storefront operations emphasizing informal outreach and peer-resource development (i.e. Haverstraw Program, Youth Forum, Elmira Neighborhood House, Cortland Youth Services, etc.).

The variety of early intervention responses found throughout the State points to the fact that apparently, regardless of locale, programs are being asked by their respective service communities to provide a more comprehensive - total child and family approach to treatment. All programs were attempting to circumvent their particular funding guidelines or bear the cost of what they assessed as necessary for their populations in order to provide a fuller service picture.

Early intervention programs surveyed, regardless of why they were engendered, are extending themselves to reach and treat their clients. This process is frustrated by bureaucratic red-tape as well as experiencing attitudinal road blocks to new approaches.

Of course, the programs presented here are all innovative in their own right and, naturally are encountering more of the stop-gaps to achieving a true continuity of care to families and children.

3. Who provides these services?

Program services are for the most part delivered by paid professional staff, i.e. at least a college degree. Programs containing clinical mental health components had staff with appropriate credentials, PHD, MD, etc.

Many programs had volunteer components but most were small, i.e. approximately 3-5 people, often part-time, supplementing professional staff services. There were, however, a number of settings with a large volunteer division such as Under 21, The Door, Reading Clinic in Queens, Saratoga Summer Program, Rheedlin PINS Program and Monty Street School. The last two emphasized the use of parents as volunteers and, as previously mentioned, Monty Street School uses parents as paraprofessionals.

4. How are they funded?

Funds for early intervention program services were almost evenly divided between programs receiving only public funding (38) and those receiving a mix of public and private monies (33). Three (3) programs receive only private monies. Three (3) did not provide this information.

Public funding was fairly well represented through monies flowing from the New York State Division for Youth; Educational funds (local-State-Federal Titles IVC and I);

Youth Boards; state and local departments of social services; the Criminal Justice Coordinating Council (CJCC); Comprehensive Employment Training Act monies (CETA); Federal Office of Youth Development; and the Law Enforcement Assistance Administration, (LEAA).

Private funds were received from United Ways, contributions from local religious organizations, foundations, fees from parents, and investments.

5. How are the services delivered?

Service delivery techniques used by early intervention programs truly reflect the innovative aspects of programming. They can be summarized as follows: use of peers for tutoring, counseling and outreach; emphasis on parent groups and parent advisory committees; use of school space to provide early intervention as well as general guidance services; treatment outreach teams for community/neighborhood impacting; reliance upon large numbers of volunteers to deliver program services; inviting of referral sources and parents to treatment and planning meetings; alliances of business, community representatives and education providers to assess and educate around vocational needs; extensive pre-intake procedures to build a trust relationship with clients; escort services to and from program; contracts between program and client for

services; contracts on behalf of client with public agencies to negotiate system; etc.

6. What is the relationship between the early intervention program and the school? Is it one that promotes family unity?

The relationships established between the early intervention programs and local schools vary from program services which are part of the school system (i.e. delivered at local school settings and developed in close collaboration with school personnel) to programs receiving the majority of their referrals from schools for supplemental educational and remediation services (these programs might be school-based and some do receive educational funding), to those programs which relate to local school systems on an as-needed basis primarily for additional case-specific information.

We can generally state that all programs surveyed see their ultimate goal as one of family preservation and realize the importance of using and negotiating the local school systems to this purpose.

7. Do parent, school and community relationships differ according to locale, i.e. urban-rural, upstate-downstate?

The relationship between parents, schools and other community providers do vary according to locale. A special case exists in the New York City area which sets it apart from the rest of the state.

In New York City this relationship is complicated by the already existing fragmented service structure of providers generally but the public service systems especially. It appeared that other urban settings such as Syracuse and Rochester, due to their smaller census and, therefore, fewer providers, have been able to accomplish an informal on-going, communication system. Providers generally have been able to achieve some degree of continuity and relatedness to their service structure.

However, it was noted in our discussions with staff of the early intervention programs visited in Syracuse, Rochester and Buffalo, that with the increase in service requests from their communities coupled with the influx of diverse public funds allowing for the start-up of additional programs, this informal network was being strained.

This informal networking was most apparent in the rural areas of the state and, peculiarly, we noticed a similar phenomena in New York City.

Almost all of the early intervention programs visited in New York had invested significant man-hours in order to develop regular informal relationships with local public providers in order to facilitate information sharing and referral processes (i.e. Family Reception Center, Bronx Mediation, Lower East-Side Family Union, etc.). This local informal networking was seen as the only way to deal with the fragmented service structure.

8. Which types of early intervention models appear to work best for particular age groups and presenting problems? Are there methods of service delivery which appear to cross over age groups and problems? Does there appear to be an "ideal" early intervention model?

Generally speaking, and again based upon our observations, discussions and accumulated data, models can be described and grouped according to which appear to work well for certain age groups and presenting problems. We also found that there were methods of service delivery which crossed over age and problem lines. At the end of these discussions, we will present an "ideal" early intervention model.

For youngsters with particular learning and/or overall home and/or school adjustment problems, especially the 5-12

year old, models such as the Remedial Educational and Therapeutic-Educational appear to best suit their needs because of their more structured setting and either their being school-based or extensively involved in staff/space share with local schools plus the use of sophisticated client evaluation and testing techniques. Several of the programs found in these two models cater to an older population, 13-18 years, causing some variation in program techniques, i.e. peer encounter groups, slightly more informal atmosphere, more client input, less parental involvement, etc. They do, however, maintain the key elements of overall program structure, school relatedness and ability to test clients as to their progress.

For the adolescent who is in need of an alternative to school and vocational guidance, the Alternative Model seems to be quite workable. There is sense of movement, conciousness-raising and energy in those programs which are attempting not only to remediate a child so he or she can become employable, but are providing real experiences i.e. "shadowing," etc. to youngsters so they can sense a profession first-hand.

The adolescent youngster whose presenting problem is one of social adjustment appears to be best served by the programs designated in the Youth Development Model. What

differentiates this model from the previous two is that the treatment focus is more mental health oriented with education viewed as another arm of life adjustment. Many of these programs offer on-site educational services. In addition, many see youth development as a resource in order to attract other youth with similar adjustment problems. Therefore, here we find peer-outreach and peers as role-models techniques employed more so than in other models.

The Advocacy Model programs are definitely well suited to the youth in crisis with the Child/Youth Advocay sub-group really focusing on the adolescent population. These programs do attempt to meet immediate, concrete needs such as food, clothing, medical attention, shelter, etc. The immediacy and non-threatening nature of those settings seems to work well for these youngsters.

For populations, regardless of age, whose primary presenting problem is one of mental health, the programs found in the Consultation, Education and Training Model are able to provide comprehensive mental health services due to the use of out-reach teams and school-based counseling services. A great deal of staff time is spent in the development of community networks and resources all aimed at negotiating of outside systems (welfare, schools) to

support their clients and keep families intact.

We have singled out certain of our models, but all are worthy of mention since we were intending from the outset to survey early intervention programs that work well. Programs do not fit very neatly into models. Each of the seventy-seven programs surveyed have a particular "twist" to service delivery which was the reason they were included. These interesting twists that seem to cross over age and problem lines are what follow. Then we will attempt to construct an "ideal" early intervention model.

One of the service techniques which appears to cross over these lines is the use of peer-groups to provide support or feedback. These can be treatment or education oriented (i.e. Life Skills and Family Life Education Models) involving either parents or children.

A second technique observed is that of out-reach interdisciplinary teams located at schools, hospitals, health stations or early intervention program satellites. This offers easy access to services by target populations and furthers community networking, resource development and information sharing.

Third was the use of parent volunteers and parent para-professionals. In this way, parents can spend time at their

youngster's program and become familiar with the total treatment environment. In this process, they are also able to observe their children, which can be discussed with other parents in peer groups and with staff.

A last technique noted was the use of peer volunteers and peers as staff who were engaged in the delivery of program services such as tutoring, escort service to and from program, etc. For the young child, 5-12 years, the use of staff/volunteers who were adolescents was an excellent source of role-modeling as was use of college students or college-bound students for the adolescent child.

These were the service techniques observed which appeared to cross over age and problem lines. What follows is a presentation of a suggested early intervention model exhibiting these and other elements:

-Local community/neighborhood representatives should be involved in program conception, planning and operation through the development of advisory committees including local business, schools, parents, other providers both public and private, etc.

-School relationships should be built into the program structure through staff/space share and this relationship should be on-going in nature.

-Regardless of service goals, parental involvement is crucial either as part of treatment, as volunteers or paraprofessionals. This will vary dependent upon population served, but should be a primary program goal.

-Services should be delivered at locations which are easily accessible to service population.

-After care follow-up should be for as long as necesary once the client has been discharged. Re-referrals should not have a time limit.

9. Do governmental policy actions, funding and legislative guidelines bolster early intervention efforts in an atmosphere of consistency and concern for the child and the family?

From what we have read and discussed amongst ourselves, with program staff, with Advisory Committee members and with key resource people throughout the state, the public policies, funding and legislative guidelines do not bolster early intervention efforts as evidenced in the program barriers discussed earlier.

Policies are inconsistent, do not see the family as a unit of service, do not foster comprehensive human services

planning and inter-agency dialogue, do not define "early intervention," and clearly point to a lack of concern for the provision of children and family services geared towards preservation as opposed to dislocation which many in the human services field agree leads too often to total family disintegration, pathology, etc., due to the overwhelming trauma of separation.

Unless barriers are addressed by those public officials overseeing the funding and legislative guidelines, unless those guidelines change with additional funds for early intervention programs carefully administered with realistic accountability and program evaluation techniques, unless the state-local and state-federal dialogues begin with the goal of actually making children and family services a priority for legislative changes, we believe that the increased apparent need for early intervention services in New York State which are not being met will lead to a crisis situation, particularly in urban areas (we believe this has already developed in New York City) which, unfortunately, might be what is required to cause any significant changes to occur.

Barriers to Program Operation	Proposed Solutions
Funding/Legislation	
1. Unable to afford full-time funding expert.	1. a. Vouncher system to purchase needed service. b. Assist programs to locate alternative funds, public and private.
2. Contract periods are too short to allow for long-term financial planning.	2. Assess funding guidelines and develop longer contract periods.
3. Information is lacking on available local, state and federal funds.	3. Develop a manual of funding sources and guidelines, public and private, in laymen's terms.
4. Multiple-funding leads to cross-purpose reporting requirements which are time consuming.	4. Develop guidelines for all funding sources to allow for program autonomy and similar reporting mechanisms.
5. Programs which refuse to "label" youngsters fall between funding cracks.	5. Develop realistic guidelines for funding to meet specific needs. True early intervention programming as defined.
6. 3-6 months delays in receiving contract monies.	6. Revolving loan fund to be established by interested foundations or businesses.
7. Contract guidelines do not allow for creative use of money.	7. Develop funding packages which encourage experimentation in program operation.
8. Funding discriminates against small programs.	8. a. Develop funding patterns to promote collaboration among small agencies, stopping short of merger. b. Funding to include seed monies.
Management Issues	
1. Difficult to locate client information: leads to duplication.	1. Use of local computers as a source of information: develop standarized forms to be used by agencies in particular locale for intakes, psychosocials, etc.
2. External evaluations are too closely tied to funding.	2. Individualized programs: look at population, location, capabilities and resources - sliding-scale evaluation instruments to target problems at different stages of existence.
3. Internal evaluations are needed but most programs do not have the money, manpower, time nor expertise to do this.	3. a. Develop a guide of existing evaluation tools used by other programs. b. Provide direct technical assistance. c. Voucher system.
Out-Reach	
1. Schools' unwillingness to cooperate in the planning and implementation of services.	1. Develop a working group task-force to work towards institutionalization of school/program relationship.

Appendix A

INTERFACE EARLY INTERVENTION PROJECT

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520 East 86th St.
New York, N.Y. 10028

Helen Marshall
Director
N.YC. Dept. of Employment
Corona East Elmhurst N.M.S.C.
103-02 Northern Blvd.
Corona, N.Y. 11368

NEW YORK STATE

Ms. Ilene Margolin
Empire State Plaza
Agency Building #2-2nd fl.
Albany, New York 12223

Mr. Carl Valentine
(SAME AS ABOVE)

Dr. Joe Cocozza
(SAME AS ABOVE)

STAFF TO THE PROJECT

Mr. Stanley S. Litow
INTERFACE
95 Madison Ave.
New York, New York 10016

Mr. David N. Lebenstein
(SAME AS ABOVE)

Mr. Edward Skloot
(SAME AS ABOVE)

Ms. Ferne Farber
(SAME AS ABOVE)

Mr. Norman Chung
(SAME AS ABOVE)

Mr. Walter Armstrong
(SAME AS ABOVE)

Appendix B

ADVISORY COMMITTEE COMMENTS

Through the meetings of the Interface Advisory Committee and through individual meetings and phone conversations with. members of the committee, a variety of substantive and stylistic comments have been incorporated into this report as it progressed from drafts one through three. The final report was then circulated for any additional comments. We were able to secure a variety of additional comments, either in writing or orally, from twelve of the twenty-six Advisory Committee members. As we were pulling together their responses to our study late in the summer, some members were unavailable due to vacation schedules. We hope their comments will be included at a later date by the State Council on Children and Families.

Those from whom we received comments were: James Reed; Sr.M.Paul Janchill; Miriam Thompson; Georgia McMurray; Dr. S. Koret; Emory Cowan; David Seeley; David Rogers; Elaine Danavall; Helen Heller; Ron Solloway; and Joyce Black.

For ease of presentation, we have divided the comments into general and then specific issues areas. We did not include, but do thank, those members (especially Miriam Thompson and David Rogers) who made constructive criticisms regarding structure and flow of narrative.

General Comments

All members contacted agreed that the scope of work accomplished in such a limited time frame was impressive and noteworthy. The report was felt to be professional, indicating a wide use of resources and reflecting intelligent planning. Members commented that the survey would be an excellent directory for people throughout the state.

In addition, most members thought the "Barriers" and "Recommendations" sections were comprehensive in nature and targeted key areas of concern. Members were also pleased at the emphasis on inter-agency communication and collaboration.

Specific Comments

Sr. M. Paul Janchill: Suggested the inclusion of a page number directory for easy reference of particular programs. This is provided at the beginning of Appendix G.

Dr. Sidney Koret: Suggested the development of a summary to be generally shared with public legislative and other officials An Executive Summary has been submitted to the State Council on Children and Families.

Miriam Thompson: Would have liked to have seen some discussion of the Child Welfare Law and how this law employs parents as punitive agents of the court.

- Ms. Thompson would also have liked to have seen discussion of other problems which are encountered in the delivery of early intervention services: poorly trained staff at public and private agency providers; the mis-labeling (i.e. mis-diagnosing) of children and families; the inability to track clients through the service system, both public and private; and the alienation of children and families from the service structures (public and private) which were supposedly developed to serve them.

Emory Cowan: Would have liked to have seen a discussion of primary prevention both conceptually and programmatically.

- Mr. Cowan was concerned that the program selection process, i.e. programs that work well, was not based upon evaluative material.

- He felt there was a need to look at similar programs on a national scale before New York State policies for funding and legislation were finalized.

David Seeley: In order to facilitate and encourage inter-agency collaboration, Mr. Seeley prepared the following suggestions:

a) "client participation in decision making: Clients don't care as much about institutional interests and boundaries, and are more interested in service, however it can best be delivered.

b) fiscal incentives: As reported in this report, fiscal austerity has been an important motive in encouraging

collaboration among agencies and greater use of community resources. While austerity will never be seen as a desirable goal, some of its advantages can be preserved by rewarding agencies that produce the most services with available resources.

c) local decision-making: The spirit of maximizing use of available resources is most likely to flourish with the combination of client participation and local decision-making. A citizen advisory committee at the state level can too easily be co-opted into supporting the views of state agencies. Local decision processes have more chance of being resourceful in identifying and using available resources within the community and between agencies known in the community, especially if state agencies assist this process with information (on how to do it, what other communities are doing, etc.), assistance (in retraining local staff and citizens), encouragement, and financial rewards."

Helen Heller: Ms. Heller liked the fact that the report documents a point of view that parent and community input is especially important in program design and implementation.

- It was felt that the program descriptions would be of particular interest to parents interested in moving a school

or social services bureaucracy into interesting or innovative programming.

We want to thank the Advisory Committee Members for their assistance and input throughout the course of this study.

Appendix C

interface
New York Interface Development Project Inc.
52 Vanderbilt Avenue
New York, New York 10017
212/686/3348

Director
Stanley S. Litow

Associate Directors
Norman H. Chung
David N. Lebenstein

Board of Advisors
Dr. Alan K. Campbell
Dr. Timothy W. Costello
Dr. Barbaralee Diamonstein
Dr. Marilyn Gittell
Mr. David Grossman
Dr. Robert Hirschfield
Dr. Robert J. Kibbee
Mr. Paul Lepercq
Mr. Nathan Leventhal
Ms. Madeline McWhinney
Mr. Edward Skloot

General Counsel
Albert H. Blumenthal

April 28, 1978

To: Ilene Margolin
Executive Director
State Council on Children and Families

From: Ferne Farber FF
Project Director
Early Intervention Project
New York Interface Development Project, Inc.

Subject: List of Resource People and/or Agencies

The following is a list of resource people and/or agencies contacted by mail, to date, for the Early Intervention Project.

Parents for Physically Handicapped Children
c/o Mrs. Robert Waddy
Pendleton St. Ext.
Cortland, N.Y. 13045
753-3914

BOCES
State Education Dep't.
Clinton Avenue Extension
Cortland, N.Y. 13045
753-9301

Council of Churches of Cortland County
97-103 North Main St.
Cortland, N.Y. 13045
753-0754

Family Counseling
Family Planning Office
Youth and Recreation Commission
25 Court St.
Cortland, N.Y. 13045
753-3580

Volunteer Family Counseling of Cortland County
51 Port Watson St.
Cortland, N.Y. 13045
753-9349

BOCES
Jefferson-Lewis Counties
Arsenal Street
Watertown, N.Y. 13601
788-0400

Farnham Youth and Development Center
County Mental Health Center
145 East Bridge St.
Oswego, N.Y. 13126
342-4474

BOCES
Mexico, N.Y. 13114
963-7251

Groton Community Health Care Center, Inc.
100 Sykes St.
Groton, N.Y. 13073
898-3631

Tompkins County Hospital
Family Medicine Program
East Center
23 Cinema Drive
Lansing, N.Y.
257-3110

BOCES
555 South Warren Road
Ithaca, N.Y. 14850
257-1551

Day Care and Child Development Council
321 North Geneva St.
Ithaca, N.Y. 14850
273-0259

Tompkins County Medical Society
1285 Trumansburg Road
Ithaca, N.Y. 14850
273-1135

Tompkins County Health Department
1287 Trumansburg Road
Herman Biggs Memorial Bldg.
Ithaca, N.Y. 14850
273-7272

St. Lawrence County Physically
Handicapped Children's Program
215 Rennselear Ave.
Ogdensburg, N.Y. 13669
393-1942

St. Lawrence County Community
Development Program
Box 152
Canton, N.Y. 13617
386-4581

Community Medical Center
Community Development Federation for
Southwest Cayuga County, Inc.
Box 51
Aurora, N.Y. 13026
364-3388

Well Child Clinic
County Health DEpartment
Auburn Memorial Hospital
Lansing St.
Auburn, N.Y. 13021
253-1301

Physically Handicapped Children's
Program
County Health Department
Cayuga County Building
160 Genesee St.
Auburn, N.Y. 13021

BOCES
234 South Street Road
Auburn, N.Y. 13021
253-0361

Family Services of Greater Utica, Inc.
167 Genesee St.
Utica, N.Y. 13501
733-5269

Rome Family Services, Inc.
227 West Dominick St.
Rome, N.Y. 13440
336-3090

New York State Dep't. of Health
District Office
State Office Building
207 Genesee St. Romm 405
Utica, N.Y. 13501
797-6120 ext. 326

Council of Churches of the
Mohawk Valley Area, Inc.
1644 Genesee St.
Utica N.Y. 13502
733-4661

Oneida County Community Action
Agency
County Office Building
800 Park Avenue
Utica, N.Y. 13502
798-5834

Oneida County Dept'. of Social
Services
County Office Building
800 Park Avenue
Utica, N.Y. 13501
798-5830

Physically Handicapped Program
Jefferson County Dep't. of
Social Services
173 Arsenal St.
Watertown, N.Y. 13061
785-3062

Community Information and Referral Service
of the Volunteer Center
Volunteer Center, Inc.
Gridley Bldg. 4th fl.
103 East Water St.
Syracuse, N.Y. 13202
474-7011

Family Service Center, Inc.
Syracuse Housing Authority
300 Burt Street Rm.215
Syracuse, N.Y. 13202
425-3277

Mid-Hudson Crime Control Planning Bd.
Mr. Robert Corliss, Director
280 Broadway
P.O. Box 1071
Newburgh, N.Y. 12550
(914) 562-2350

Black River/St. Lawrence Regional
Planning Bd.
Research and Development Center
Mr. Edward Eastman, Crime Control Planner
St. Lawrence University
Canton, N.Y. 13617
(315) 379-5355

Central N.Y. Regional Planning and
Development Board
Edwin Hermann, Crime Control Planner
700 East Water Street
Syracuse, N.Y. 13210
(315) 422-8276

Genesee/Finger Lakes Regional Planning
Board
Mrs. Margaret Barcher, Crime Control
Planner
Suite 500, Ebenezer Watts Bldg.
47 Fitzhugh St. South
Rochester, N.T. 14614
(716) 428-5775

Southern Tier East Regional Planning Bd.
Mr. Robert A. Callendar, Criminal Just-
ice Coordinator
Broome County Office Bldg.
Binghamton, N.Y. 13910
(607) 772-2856

Southern Tier Central Regional
Crime Control Planning Commission
Schuyler County Sheriff Dep't.
Undersheriff Kenneth Stayer,
Crime Control Planner
918 N. Franklin St.
Watkins Glen, N.Y. 14891
(607) 535-2171

Crime Control Advisory Committee
Mr. Armond Festine, Crime Control
Planner
County Office Building
800 Park Avenue
Utica, N.Y. 13501

Lake Champlain/Lake George
Regional Planning Board
Mr. Charles Wheeler, Crime Control
Coordinator
Lake George Institute
Canada St.
Lake George, N.Y. 12845

Southern Tier West Regional Planning
and Development Board
Mr. John Hausman
Crime Control Planner/Coordinator
24 Broad Street
Salamanca, N.Y. 14779
(716) 945-5301

Bernadette Ambrose
President
National Association Social Workers
Northeastern Division
P.O. Box 6196
Albany, N.Y. 12206
(518) 472-7558

Lyndall Boal, President
Westchester Division, NASW
273 Central Avenue
White Plains, N.Y. 10606
(914) 761-4522

Richard Cannarelli, President
Mohawk Valley Division, NASW
Oneida County Mental Health Clinic
1124 Mohawk St.
Utica, N.Y. 13501
(315) 798-5990

Judith Fox, President
Central N.Y. Division, NASW
243 Melbourne Ave.
Syracuse, N.Y. 13224
(315) 341-3173

Julia Hancock, President
Northeastern Division, NASW
4 Chestnut Hill North
Loudonville, N.Y. 12211
(518) 436-1362, 0921

Dr. Alvin Kogut, President
Nassau Division, NASW
Adelphi University
School of Social Work
Garden City, N.Y. 11530
(516) 560-8093

John Lamothe, President
Suffolk Division, NASW
658 Westminister Apts.
Sunrise Highway
West Babylon, N.Y. 11704
(516) 669-2201, (515) 665-6707

Marilyn Loman
Western Division, NASW
584 Delaware Avenue
Buffalo, N.Y. 14202
(716) 842-2005

Bonny Mayer, President
Genesee Division, NASW
Brockport University
SUNY
Brockport, N.Y.
(716) 395-2324

Errol Nadler, President
Hudson Valley Division, NASW
14 Elwyn Drive
Woodstock, N.Y. 12498
(914) 679-6063

Frank Stark, President
Southern Tier, NASW
725 Maple Avenue
Elmira, N.Y. 14904
(607) 732-5288

Dean Joseph Vigilante
Adelphi University
School of Social Work
Garden City, N.Y. 11530

Dean Mitchell I. Ginsberg
Columbia University
School of Social Work
622 W. 113th St.
N.Y., N.Y. 10025

Dean M.A. Quaranta
Fordham University
School of Social Work
Lincoln Center Campus
N.Y., N.Y. 10023

Dean Harold Lewis
Hunter College
School of Social Work
129 E. 79th St.
N.Y., N.Y. 10021

Dean Seth Spellman
SUNY at Albany
School of Social Welfare
1400 Washington Ave.
Albany, N.Y. 12222

Dean Sherman Merle
SUNY at Buffalo
School of Social Work
Foster Hall - Library Circle
Buffalo, N.Y. 14214

Dean Sanford Kravitz
SUNY at Stony Brook
School of Social Work
Stony Brook, N.Y. 11790

Dean Kermit Schooler
Syracuse University
School of Socail Work
Brockway Hall
Syracuse, N.Y . 13210

Dean Lloyd Setleis
Yeshiva University
Wurzweiler School of Social Work
55 Fifth Avenue
N.Y., N.Y. 10003

Dr. Shirley Ehrenkranz, Dean
New York University
Graduate School of Socail Work
Washington Square North
New York, N.Y. 10003

Mr. Richard Charles, President
N.Y.S. Assoc. for Human Services
c/o North Country Children's Clinic
The Arcade, Rm. 32
Watertown, N.Y. 13601

Mr. James Heron
Council on Community Services
877 Madison Avenue
Albany, N.Y. 12208

Dr. Leonard Gravitz, Director
Dep't. of Social Work
Rochester Institute of Technology
1 Lomb Memorial Drive
Rochester, N.Y. 14623

Mr. Fred Bobenhausen
Syracuse University
School of Social Work
Brockway Hall
Syracuse, N.Y. 13211

Phillip Johnston, Exec. Sect'y.
State Board for Social Work

Nick Bollman
Mayor's Task Force on City Crisis

Mngsr. Charles Fahey
Executive Director
Catholic Charities
240 E. Onondaga
Syracuse, N.Y. 13202
(Harnett)

Zapora Twersky
Criminal Justice Coordinating Council

Mr. Dennis Fleming
Director
Rockland County Youth Bureau
County Office Building
New City, N.Y. 10956
(914) 354-0200 x2773

Mngsr. Robert Lawler
Catholic Charities
716 Caroline St.
Ogdensberg, N.Y. 13669
(315) 393-2660
(Harnett)

Mrs. Lillian Feldman
410 E. Willow St.
Syracuse, N.Y. 13203
(Bondarin via Mannes)

Susan Swift
Bob Sweet
Barbara Kinefick
Dep't. of Mental Hygiene

Mr. Bove, Chief
Bureau of Migrant Education
N.Y.S. Education Dep't.
Washington Ave.
Albany, N.Y. 12234
(Dr. Weiner via Bondarin)

Mr. Taylor Hall
Office ESC
Program Planning
State Dep't. of Education Rm. 860
Albany, N.Y. 12234
(Bondarin)

Mr. Soloman Goodrich
163-18 Jamaica Ave.
Jamaica, Queens 11432
526-5530
(Jim Gibson)

Dr. Mike Regan
Dep. County Admin.
County Executive Office
Civic Center Complex, 14th fl.
Syracuse, N.Y. 13202
(315) 425-3516
(McKenna)

Ms. Mary Bondarin
Freeport Public Schools
Box 50
Freeport, L.I. 11020

Mr. Gordon Johnson
Ass't. Comm.,
Children's Bureau
State Dep't. of Social Services
40 North Pearl St. 11th fl.
Albany, N.Y.

Bertha Campbell
N.Y.S. Dep't. of Education
Bureau of Child Development and
Parent Education
Room 556 EDA
Washington Avenue
Albany, N.Y. 12234
(Bondarin)

Mike Dirzulities
Community Board Assistance Unit

Susan Herman
Youth Board

Theodore Bernstein
Bureau of School Psychological and
Social Services
N.Y.S. Education Dep't.
(Dr. Weiner)

Walter L. Smart
Executive Director
Nat'l. Federation of Settlement and
Neighborhood Centers
232 Madison Avenue
N.Y., N.Y. 10016

Sr. Serena Branson
Catholic Charities
39 Philip St.
Albany, N.Y. 12207
(518) 463-4411
ATT: Angie

Dennis Fleming
Director,
Rockland County Youth Bureau
New City, N.Y. 10956
(914) 354-0200 x2773,4,5

Betty Beine, Direcotr
Children and Families Federation of
Protestant Welfare Agencies
281 Park Ave. So.
N.Y.C.

Eleanor Kirk, Director
N.Y.S. Capacity Building Project
N.Y.S. Childcare Coordinating
Council
105 E. 22 St. Rm. 710
N.Y.C. 10010

Dr. Salvatore Ambrosino, Ed.D.
Executive Director
Family Service Assoc. of Nassau Co.
129 Jackson St.
Hempstead, L.I.11550

Mr. Kenneth Skinner
Ass't. Executive
Upstate N.Y. S. Council of Child
Care Agencies
176 Washington Ave.
Albany, N.Y. 12210

Joseph Gavrin
Executive Director
N.Y.S. Council of Voluntary Child Care
Agencies
104 E. 35 St.
N.Y.C., 10016

Task Force on Child Protection, Inc.
Director, Ruth Humphrey
67 So. Randolph Ave.
Poughkeepsie, N.Y. 12601
(914) 471-1585

Mrs. J. Byrne, President
Bronx Chapter
Nat'l. Society of Autistic Children
210 Kearney Ave.
Bronx, N.Y. 10465

Mngsr. Robert A. Arpie
Director of Child Care
N.Y. Diocese of Catholic Charities
1011 First Avenue
N.Y.C. 10022

Mrs. Best
Director
Dutchess County Youth Bureau
22 Market St.
Poughkeepsie, N.Y. 12601

Peter Winkler
State Dep't. of Social Services
40 North Pearl St.
Albany, N.Y. 12243

Tim Sheehan
State Department of Social Service
2 World Trade Center
New York City, N.Y. 10047

Also United Way offices throughout New York State.

Appendix D

ADVISORY COMMITTEE RECOMMENDATION FORUM (Resource Questionnaire)

EARLY INTERVENTION PROGRAMS

DATE:

Person Submitting This Form: _____

Phone Number: _____ Organization: _____

PROGRAM INFORMATION

Program Name: _____ Auspices: _____

Program Address: _____
(Include County)

Phone Number: _____

Contact Person: _____

Type of Service(s): _____

Years in Existence (Approx.): _____

1) Population Served: (include age range if known)

_____

_____

_____

2) Briefly describe the type of service and components of particular interest: Indicate areas of service integration where known

_____

_____

_____

3) Please indicate available literature regarding this program (i.e., magazine and newpaper articles, evaluations, pamphlets, etc.) and where it can be found. Please forward literature if possible.

_____

_____

_____

4) Under whose auspices are the services provided?

_____

5) Who funds the program? Public:_____ Private:_____ Mix:_____

Other:(specify)_____

Approximate size of program:_____

Return to: INTERFACE, 95 Madison Ave. Rm.1100,
New York, New York 10016

Phone: 679-3674 or 679-1449

Att: Ferne Farber/Sue Ortner

SURVEY QUESTIONNAIRE

Program name:

Name of Program Director:

Program address and telephone number:

Name(s) of person or persons
completing this questionnaire:

Date this questionnaire was completed: ____/____/____

The following questionnaire is divided into five parts: Part I, Program Description; Part II, Services, Part III, Admission, Discharge and Follow-Up Policies; Part IV, Fiscal Data and Part V, Program Evaluation.

Our goal is to achieve an overview of your program's operation, the reason for its inception, its course of development vis a vis the service population and community needs, as well as intending to capture its interrelationship, both formal and informal, with other service providers.

In addition, we are requesting specific information aimed at detailing your program's utilization and cost effectiveness..

Our prime interest is to develop an understanding of the operation and integration of your program's diverse service components and service delivery mechanisms, particularly the innovative and unique.

I Program Description

a. Organization:

1. Does your program have an Advisory Board? Yes____ No____
a Board of Directors? Yes____ No____

b. Goals:

1. Please provide a brief description of your agency including its goals and objectives. Please attach additional sheet if necessary.

c. Staffing:

1. In the following chart please list requested information for all executive, administrative, supervisory and direct service staff plus para-professionals and/or volunteers.

	JOB TITLE	MINIMUM QUALIFICATION i.e. MSW, PhD, B.A., etc.	# OF PERSONS IN TITLE	# OF FULL AND PART TIME PERSONS IN TITLE		
				F/T	P/T	Volunteers
a.						
b.						
c.						
d.						
e.						

PLEASE ATTACH A SEPARATE PAGE IF NEEDED.

*2. Please indicate the following staff/client ratios:

total staff/client _____:_____

administrative staff/client _____:_____

direct service staff/client _____:_____

* Staff refers to all paid personnel plus volunteers/para-professionals.

Staff Training

1. Do you provide staff training? Yes____ No____
   If yes, please describe.

d. Community/Neighborhood Involvement:

1. Does your program share information or is it in any way involved in other service or educational activities specifically designed to elicit community/neighborhood involvement in your program (e.g. publications, newsletters, radio, T.V., cooperative activities such as fairs, bazaars, etc.)? Yes____ No____

II Services

In order to complete the following tables, please refer to aggregate data for the period January 1, 1977 through December 31, 1977.

NOTE: If your program was not functioning during this period only complete Table I.

A. Population Served

Children Served

Table I - Age Distribution by Sex and Ethnicity of Children Enrolled in your Program as of March 31, 1978.

AGE	MALE				FEMALE				TOTAL			
	B	W	H	O	B	W	H	O	B	W	H	O
a. 5-12	a.											
b. 13-18	b.											
TOTAL												

B=black W=white H=hispanic O=other

Table IA - Age Distribution by Sex and Ethnicity of Children Served During the Period January 1, 1977 through December 31, 1977.

AGE	MALE				FEMALE				TOTAL			
	B	W	H	O	B	W	H	O	B	W	H	O
a. 5-12												
b. 13-18												
TOTAL												

B=Black W=White H=Hispanic O=Other

1. What is the maximum number of children you can serve? Number _____.

Families Served

1. What is the income levels of the families served during the period January 1, 1977 through December 31, 1977?

Income Level	Number of Families	Number in Receipt of Public Assistance
a. under $4,000	_____	_____
b. $5,000 - 9,999	_____	_____
c. 10,000 - 15,000	_____	_____
d. over $15,000	_____	_____

B. Services Provided

Please indicate below the type of service delivered and the average number of hours that service is delivered per week, per child or family. In listing services please be specific, i.e. individual counseling, group therapy, psychiatric or psychological therapy, vocational training, remedial tutoring, education, physical rehabilitation therapy, recreational programming, basic skill training, family planning, etc.

Children

Type of Service	Average hours per week, per child.
a._____	
_____	_____

Type of Service (cont'd.)	Average hours per week, per child
b. _____	
_____	_____
c. _____	
_____	_____
d. _____	
_____	_____

ADD SHEETS FOR ADDITIONAL SPACE

Families

Type of Service	Average hours per week, per family
a. _____	
_____	_____
b. _____	
_____	_____
c. _____	
_____	_____
d. _____	
_____	_____

ADD SHEETS FOR ADDITIONAL SPACE

1. If service components are not delivered at the program address, please specify locations of service delivery. Be sure to include all program service locations.

III Admission Discharge and Follow-Up Policies

1. Of the total number of clients served during the period January 1, 1977 to December 31, 1977, or as of March 31, 1978, please indicate the following:

Source of Referral	Number of Referrals
a. other social agency (see below)	--
b. other clients	--
c. community group	--
d. family court	--
e. walk-ins	--
f. other (explain)	--
_____	
_____	
_____	
TOTAL	---

NOTE: Please list the names of other social agencies (i.e. hospitals, health stations, schools, etc.) which serve as referral sources and type of linkage.

Agency Setting	Type of Linkage	
	Formal	Informal
1. _____	____	____
2. _____	____	____
3. _____	____	____
4. _____	____	____

2. Does your program have specific intake criteria? Please detail.

3. Briefly describe the intake process. Please explain who does the intake (i.e.social worker only, other, etc.); how and where done (i.e. by phone, in person interview at program, at client's home, etc.); when done (i.e. do you have specific intake hours at your program? Do you accept emergency intakes?) and what is the process if a case is accepted? (please attach a separate sheet for additional information?)

Who?_____ When?_____

_____ _____

How?_____ What?_____

_____ _____

Where?_____

_____

4. How many clients were referred to your program during the period January 1, 1977 through December 31, 1977, or as of March 31, 1978?

_____
(number of clients)

How many of these were rejected? _____
(number of clients)

5. Please indicate below the major categories for rejection:

Reason for Rejection	Number of Clients
a. did not meet intake criteria please explain _____	--
b. inadequate information	--
c. program could not meet need please explain _____	--
TOTAL	_____

6. What action is taken when a case is rejected? Does your program:

Action	Yes	No
1. refer to appropriate resource	___	___
2. share rejection reasons with referral source	___	___
3. share rejection reasons with clients	___	___
4. take no action (if yes, please explain)	___	___

7. Were any of the total number of clients served by your program during the period January 1, 1977 through December 31, 1977 (or as of March 31, 1978) referred by your program to another agency for supplemental services?

Yes_____ No_____ Number _____

If yes, please detail.

How many of those referred were aceepted? Number _____

8. Were any of the children served by your program during the period January 1, 1977 through December 31, 1977 (a specified time period) referred for foster care?

Yes_____ No _____ Number _____

Of the number of children referred for placement but <u>not</u> accepted, what action was taken by your program? Did your program:

Action	Number of Children
a. contact other placement resources	---
b. refer to other programs	---
c. involve family court	---
d. take no action with regard to pursuing placement but continue to work with child and his/her family	---

8. (cont'd.)

Action	Number of Children
e. terminate child from program	---
f. other (explain)	---
_____	
_____	
_____	
TOTAL	_____

9. For the total number of clients served during the period January 1, 1977 through December 31, 1977 (or as of March 31, 1978) please indicate the average length of involvement with your program.

_____

10. Please describe the discharge process. Please explain when done, by whom, and how accomplished. Also include any form of follow-up provided by your program.

Who?_____

_____

When?_____

_____

How?_____

_____

Follow-up?_____

_____

11. Does your program have discharge criteria? Yes _____ No _____
If yes, please detail.

IV. Fiscal Data

Please fill in the information requested in the chart below for the periods specified or as of March 31, 1978.

1. Expenditures

	Program	
	Personnel Service	Other than Personal Service
1/1/77-12/31/77 (actual)		
1/1/78-12/31/78 (projected)		
1/1/79-12/31/79 (projected)		

2. Income

	1/1/77-12/31/77	1/1/78-12/31/78	1/1/79-12/31/79
Total Income			
	Program	Program	Program
a.Local 1._____ 2._____	a.		
b.State 1._____ 2._____	b.		
c.Federal 1._____ 2._____	c.		
d.Private 1._____ 2._____	d.		
e.Other (specify) _____ _____	e.		

3. To what other funding sources, not already included above, do you regularly apply? Please list.

4. Based upon your program cost data, please indicate the following for the period January 1, 1977 through December 31, 1977 or as of March 31, 1978.

   a. gross costs per client per day _____

   b. personnel costs per client per day _____

V. Program Evaluation

1. Are external or internal evaluations of your activities conducted? If yes, please explain. How often are they conducted?

2. Please attach any recently performed internal or external program evaluation.

3. What are the major problems you have encountered in the following areas:

   a. funding and contract arrangements: _____

   _____

   _____

   b. legal/legislative: _____

   _____

3. (cont'd.)

c. interagency communications:_____

_____

_____

d. effective service delivery:_____

_____

_____

e. other:_____

_____

_____

Please attach a separate sheet for additional information.

Of the above circle the one which is the most outstanding problem.

4. Overall how successful would you say your program is and why?

5. What aspects of your program would you categorize as unique, interesting or innovative?

INTERVIEW GUIDE
for
SURVEY QUESTIONNAIRE

NOTE: Interviewers, please remember to request:
1) organizational chart of program and umbrella agency (if applicable) and
2) staff schedule and/or daily activities schedule.

In addition, request job descriptions (see qtn. I.C.1 below) and recent evaluation, either internal or external.

I Program Description

A. History and Background

1. If program is part of a larger agency structure, please ask for a brief description of agency's service components.

2. Briefly describe who was involved in setting up your program (individuals, voluntary agency, consumer group, public agency, etc.)

3. Has your program altered since its inception? If yes, please explain including changes in service delivery locations and why.

4. Was a planning board or other local governmental unit approval required before your program opened?

YES_____ NO_____

5. Was local Board of Education approval needed to operate your program? If yes, please specify in what way.

6. Was BOCES approval needed to operate your program? If yes, please specify in what way.

I Program Description

A. History and Background (cont'd.)

7. Were any other approvals required to operate your program? If yes, please specify.

B. Organization and Governing Structure

1. Please explain reporting and other linkages between program components and with umbrella agency (if applicable). We are looking for interface and intra-program/agency communication patterns. How does network work?

2. Is your Board of Governors/Trustees/Directors (i.e. those legally responsible for the operations of your organization) composed of members from:

	YES	NO	#
governmental sector (i.e. federal, state , local)	__	__	____
voluntary sector	__	__	____
private sector	__	__	____
TOTAL			____

3. Please specify if representatives from certain groups are mandated to your board.

C. Staffing

1. What are the major job responsibilities for those titles which carry specific responsibility for the supervision and planning of the program services?. (i.e. job descriptions)

2. Please specify the types of training available to your staff both in-house and outside of program. Does program reimburse for outside training? Ask for written training curriculum if available.

D. Community and/or Neighborhood Involvement

1. Does your program have a community advisory board?

   YES_____ NO____ NUMBER OF MEMBERS_____

   If yes, what are their various affiliations and/or constituencies?

2. How often does the advisory board meet?

3. What are the methods through which community groups have input into your program? Please describe.

4. Are there any community/neighborhood organizations included in the service delivery of your program? If yes, please describe interface.

5. Are any of your staff, either professional or non-professional community residents? How many volunteers?

6. In a broader definition of "community" is your program represented on any inter-agency task forces, committees, etc? Please specify.

II Services and

III Admissions, Discharge and Follow-Up Policies

NOTE: Interviewers, please review Services and Admission, Discharge and Follow-up Policies sections and Survey Questionnaire with the program people. Be sure you understand completed material. Ask for elaboration and clarification. Should the program not have completed these sections, please review to see if they have questions. Fill out what you can. Insist that program complete and return with any other materials you had requested, i.e. organizational chart, etc. within a week.

IV Fiscal Data

Please fill in the information requested in the chart below for the periods specified or as of March 31, 1978.

1. Expenditures

	Agency Total	Program Only
1/1/77 - 12/31/77 (actual)		
1/1/78 - 12/31/78 (projected)		
1/1/79 - 12/31/79 (projected)		

2. Income

	1/1/77-12/31/77		1/1/78-12/31/78		1/1/79-12/31/79	
Total Income						
	Agency	Program	Agency	Program	Agency	Program
a. Local 1._____ 2._____	a.					
b. State 1._____ 2._____	b.					
c. Federal 1._____ 2._____	c.					
d. Private 1._____ 2._____	d.					
e. Other (specify) _____ _____	e.					

1. To what agencies or funding sources do you apply regularly?

2. Describe any cost effective program activities you have undertaken.

3. Describe how you measure the cost effectiveness of your program. Be specific about measurement tools.

V Program Evaluation

1. What internal mechanisms for measuring the effectiveness of your program have been developed? Please explain including how often they are utilized?

2. Have any program changes occured as a result of these mechanisms? Please explain.

3. Were any modifications or changes in program made as a result of either internal or external evaluations of your program? Please explain.

4. Do you routinely conduct staff evaluations? If yes, please indicate frequency.

NOTE: Interviewers, please review Program Evaluation part of Survey Questionnaire completed by program people. Inquire as to whether they wish to elaborate, discuss, etc.
If program has not completed, please complete with them, record answers. This too can be detached to be forwarded within a week.

Appendix E

Albany County

* La Salle School
391 Western Avenue
Albany, N.Y. 12203
Brother A. Loes

* Street Academy
Albany City School District
165 Clinton Avenue
Albany, N.Y. 12210
Harriet Gibbons

* Project STRIVE
135 Ontario St.
Albany, N.Y. 12206
David Bosworth

* Parsons Child and Family Center
Prevention Project
60 Academy Road
Albany, N.Y. 12208
Diane Norris

Bronx County

* Northwest Bronx Community and Clergy Coalition, Inc.
2721 Webster Avenue
Bronx, N.Y. 10458
Justine Offer

* North Bronx Family Service Center
21-90 University Avenue
Bronx, N.Y. 10453
James Marley

Bronx Neighborhood Youth Diversion
1910 Arthur Avenue
Bronx, N.Y. 10457
Linda Bailey

* Community Mediation Training Program
3696 Hillman Avenue
Bronx, N.Y. 10463
Naomi Barber

* - site visited

Cayuga County

* Child/Adolescent Team
  Cayuga County Community Mental Health Center
  146 North Street
  Auburn, N.Y. 13021
  Dr. E. H. Shockey

* Teen Mothers Program
  Cayuga Counseling Services, Inc.
  80 North Street
  Auburn, N.Y. 13021
  Mary Ann Ginnerty

Chemung County

* Youth Forum
  Horseheads Youth Bureau
  408 South Main Street
  Horseheads, N.Y. 14845
  Al Aaron

* Youth Social Adjustment Program
  Elmira Neighborhood House
  5th and Lake Streets
  Elmira, N.Y. 14901
  Delmar Rouse

Clinton County

* Monty Street School
  Monty Street
  Plattsburgh, N.Y. 12901
  George Carlisto

* - site visited

Cortland County

* Youth Services
Cortland Youth Bureau
25 Court Street
Cortland, N.Y.
Rich Tiazza

Dutchess County

* Poughkeepsie Family Development and
Day Care Center
269 Mill Street
Poughkeepsie, N.Y. 12601
Emma McConnell

Youthful Offender Project
Voluntary Action Center of Dutchess County
9 Vassar Street
Poughkeepsie, N.Y. 12601
Mr. Verdibello

Erie County

* Child and Family Services
New Mothers' Program
Family Enrichment Program
330 Delaware Avenue
Buffalo, N.Y. 14202
Roena Haynie

Fulton County

Wheelerville Union Free School
Caroga Lake, N.Y. 12032
John Weiss

* - site visited

Kings County

* Family Reception Center
441 4th Avenue
Brooklyn, N.Y.
Dave Martin

* Children and Youth Development Services
262 9th Street
Brooklyn, N.Y.
Katherine Conroy

* Beford-Stuyvesant Restoration Project
1368 Fulton St.
Brooklyn, N.Y. 11216
Jackie Woods

Williamsburg Services
267 Hewes Street
Brooklyn, N.Y. 11211
Jose Rivera

City-as-School
59 Schermerhorn Street
Brooklyn, N.Y. 11201
Frederick Koury

Brooklyn Association of Settlement Houses
173 Glenmor Avenue
Brooklyn, N.Y. 11212
Sandy Hall

* SPARK Program
110 Livingston Street
Brooklyn, N.Y.
Arthur Jaffe

* - site visited

Monroe County

* 19th Ward Youth Project
447 Genesee Street
Rochester, N.Y. 14611
Beatrice Paul

* THRESHOLD
Rochester Youth Resource Center
115 Clinton Avenue South
Rochester, N.Y. 14604
Jean Bailey

* Primary Mental Health Project
575 Mount Hope Avenue
Rochester, N.Y. 14620
Dr. Emory Cowen

* Intensive Family Counseling to
Families at Risk
Catholic Family Center
50 Chestnut Street
Rochester, N.Y.
Mrs. Wobus

Nassau County

* North Village Green Project
64 Division Avenue
Levittown, N.Y. 11756
Paul Friedman

* North Shore Guidance Center
1495 Northern Blvd.
Manhasset, N.Y. 11030
Marien Levine

Alternative Programming
Outreach
Counseling
Youth Directional Council (3)
Center Lane
Levittown, N.Y. 11756
Jim Edmundson

Families in Transition
Peninsula Counseling Center for
Parents and Children
124 Franklin Place
Woodmere, N.Y. 11598
Robert Eakin

* - site visited

New York County

* Children's Day Treatment Center and School
255 W. 71 Street
N.Y.C., N.Y. 10023
Nasrine Nasr

* Lower East Side Family Union
91 Canal Street
N.Y.C., N.Y. 10002
Ken Schuman

* Youth Services Unit
Port Authority Bus Terminal
625 8th Avenue
N.Y.C., N.Y.
Sgt. Jose Elique

* The Door Program
618 Avenue of the Americas
N.Y.C., N.Y. 10011
Lorraine Mai

* Learning Disorders Unit
N.Y.U. Medical Center
560 First Avenue
N.Y.C., N.Y. 10016
Dr. Archie Silver

Program to Preserve the Integration of
the Puerto Rican Migrant Family
Bi-lingual Tutoring Program
Community Development Agency (2)
116 W. 14th Street
N.Y.C., N.Y. 10011
Fedora Porrata

* PINS Diversion
RHEEDLEN Organization
2770 Broadway
N.Y.C., N.Y. 10025
Richard Murphy

Goddard-Riverside Youth Project
161 W. 87th Street
N.Y.C., N.Y. 10024
Frederick Johnson

* - site visited

New York County (cont'd.)

Family Preservation Program
Riverdale Children's Association
475 Riverside Drive
N.Y.C., N.Y. 10027
Elmer Stewart

* Under 21 Program
Covenant House
260 W. 44th Street
N.Y., N.Y.
Sandra Hagan

Children's Art Carnival
62 Hamilton Terrace
N.Y.C., N.Y. 10031
Martha Norris

Niagara County

* Niagara County Community Mental Health Center
621 10th Street
Niagara Falls, N.Y.
Dr. James Wynne

* Peer Out-Reach
Planned Parenthood Of Niagara County
Niagara Falls, N.Y. 14305
Phyllis Kinsler

Oneida County

* Mobile Intervention Project
Partners in Prevention
Family Services of Utica (2)
167 Genesee Street
Utica, N.Y.
Carol Downs

* - site visited

Onondaga County

*Huntington Family Center, Inc.
405 Gifford Street
Syracuse, N.Y. 13204
Robert Miller

*Parent Program
Elementary Recreation Program
Brighton Family Center (2)
100 Edmund Avenue
Onandaga County
Syracuse, N.Y. 13205
Joseph Mack

*Child and Family Service
678 West Onandaga Street
Syracuse, N.Y. 13204
Dr. Ralda Johnson

*Community Council on Careers
917 Madison Street
Syracuse, N.Y. 13210
Robert Freund

Oswego County

*Farnham Youth and Development Center
145 E. Bridge Street
Oswego, N.Y. 13126
Ms. Koster

* - site visited

Queens County

Queens Federation Reading Clinic
York College
Jamaica, Queens 11451
James Gibson

* Careers through Aviation
Hangar #2
LaGuardia Airport
Flushing, Queens, 11371
Mrs. Shepard

Advocates for Children
29-28 41st Avenue
Long Island City, Queens 11101
Susanna Doyle

Rensselaer County

* Unified Services for Children and Adolescents
33 2nd Street
Troy, N.Y. 12180
Dr. Ara Baligian

Richmond County

*Staten Island Continuum (4 programs)
130 Stuyvesant Place
Staten Island
Gary Panzer

* - site visited

Rockland County

* Volunteer Counseling Service
  151 South Main Street
  New City, N.Y. 10956
  Dr. Steve Shapiro

* The Haverstraw Enrichment Movement
  37 Main Street
  Haverstraw, N.Y. 10927
  Jim Kiberd

Children's Special Services
Rockland County Community Mental Health Center
Sanatorium Road
Pamona, N.Y. 10970
Sheryl Glickman

Saratoga County

* Saratoga Springs Community Mental Health Center
  211 Church Street
  Saratoga Springs, N.Y. 12866
  William Long

Seneca County

* Family Life Education
  Parents At Risk
  Children's Group Counseling
  Family Counseling Services of the Finger Lakes (3)
  91 Genesee Street
  Geneva, N.Y. 14456
  Rachel Plano

* - site visited

Suffolk County

Family Advocacy, Crisis Intervention,Life Education-FACILE
Family Services League
642 New York Avenue
Huntington, N.Y. 11743
William Myrick

Ulster County

* Help Adolescents Link Together-HALT
Children's Home of Kingston
26 Grove Street
Kingston, N.Y. 12456
Laurie Blacker

Wayne County

* Project BEST
Red Creek Central Schools
South Street
Red Creek, N.Y. 13143
Edward Furletti

Westchester County

* Human Relation Program
White Plains Public Schools
5 Homeside Lane
White Plains, N.Y. 10605
George Cohen

* Bilingual Tutorial Services
75 Ludlow Street
Yonkers, N.Y. 10705
Kathy Ann Esposito

* - site visited

= site visited counties
NEW YORK STATE
ATLANTIC OCEAN
LAKE ONTARIO
LAKE ERIE

Appendix F

Appendix G

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CATEGORY I: School Intervention and/or Collaboration

SERVICE MODEL A: Alternative Programs

Educational Focus - School Based

* -Street Academy of Albany, Albany
-Alternative School Program, Youth Directional Council, Levittown
-City-As-School, New York City

Educational Focus - Program Based

* -Bridge Program, Staten Island Continuum
* -Youth Services Project, Staten Island Continuum

Vocational Focus - School Based

* -Careers in Aviation, Queens
* -Community Council on Careers, Syracuse

Cultural Focus

* -Community Arts Training Services, Haverstraw Enrichment Program

SERVICE MODEL B: Remedial Education

School - Based

* -Project Best, Red Creek
-Remedial Reading/Math, Wheelerville Union Free School, Caroga Lake
* -Learning Disorders Unit, New York City
-Bilingual Supportive Learning Center, Puerto Rican Family Institute, New York City
-Reading Clinic, Queens Federation Reading Clinic
* -Diagnostic Reading Center, Staten Island Continuum
* -Math and English Skills, Staten Island Continuum

Program Based

* -Bilingual Tutorial Services, Yonkers
* -PINS Diversion, Rheedlin Foundation, New York City
-Creative Reading Through the Arts, Children's Art Carnival, New York City

* SITE-VISITED

SERVICE MODEL C: Therapeutic - Education Programs

Special Schools

* -Children's Day Treatment Center, New York City
* -LaSalle School, Albany

School - Based

* -Follow Through Program, Monty Street School, Plattsburgh
* -Primary Mental Health Project, Rochester
* -SPARK Program, New York City

SERVICE MODEL D: Life Skills Programs

Teen - Parenting

* -Teen Mothers Program, Cayuga Counseling, Auburn
* -Teen Parenting Program, Syracuse Child and Family Service
* -Family Enrichment, Child and Family Services, Buffalo

Communications Skills

* -Human Relations, White Plains

SERVICE MODEL E: Consultation/Education/Training Programs

Out-Reach Teams

-Outreach Program, Youth Directional Council
* -19th Ward Youth Project, Convalescent Hospital for Children, Rochester
-Family Preservation, Riverdale Childrens Services, New York City
* -Unified Services for Children and Adolescents, Troy
* -Child/Adolescent Team, Cayuga County Community Mental Health Center, Auburn

School - Based

* -Partners in Prevention, Family Services of Utica
* -Mobile Intervention Team Program, Family Services of Utica
* -Martha Beeman Foundation Child Guidance Clinic, Niagara County Community Mental Health Center
* -Saratoga Summer Program, Saratoga County Community Mental Health Center
* -Help Adolescents Link Together, Childrens Home of Kingston

* SITE-VISITED

PROGRAM NAME AND LOCATION: Street Academy of Albany
Albany, New York

AUSPICES: Board of Education of Albany, New York

PROGRAM GOAL: An alternative form of education designed to meet the needs of youth between the ages of 14 and 18, who are dropouts or potential dropouts for reasons of alienation, non-achievement, chronic truancy and/or disruptiveness.

PROGRAM OBJECTIVES: To bring students to successful completion of requirements for a high school diploma. To provide students with adequate skills for college entrance and/or job training. To provide students with better insight into their own potential and how to realize it.

TARGET POPULATION: Students in grades 9 through 12 in the Albany school system. (Age range is 14-18) who are dropouts or potential dropouts.

METHOD: The Street Academy of Albany is a full-time, non-graded school, which uses the resources of the city as a significant portion of its curriculum and classroom. The Street Academy operates in an open classroom environment, and uses effective and cognitive education techniques in class, as well as volunteers from host institutions.

The Street Academy, originally a small-scale project, funded through private donations and ESEA - Title I funds, is now incorporated into the Albany public school system. Administrators, teachers, support staff, parents and volunteers have major input into the development of the educational process. Classes are very small and courses offered are very varied in order to stimulate and maintain interest and communication.

STAFF: Principal
8 Certified Teachers
4 Teacher Aides
1 Community Worker

FUNDING: Albany Board of Education

COST OF SERVICE: Approximate cost is $950.00 a student each year.

EVALUATION TECHNIQUE:

internal	
external	
none	X

CONTACT PERSON AND TELEPHONE #:

Mrs. Harriet N. Gibbons
Principal

(518) 472-7528

PROGRAM NAME AND LOCATION: Alternative School Program
Pintail Lane School
Levittown, New York

AUSPICES: Youth Directional Council

PROGRAM GOAL: To provide an alternative educational process for adolescents and young adults who are not able to complete requirements for graduation.

PROGRAM OBJECTIVES:

To meet the educational needs of community youth.

TARGET POPULATION:

Youth in school districts #5 and #26.

METHOD:

Provides math English, health and physical education, work experiences, science, social studies and some BOCES courses.

Support services are available as needed through the larger agency.

Adolescents are referred by principals with recommendations from the Guidance department. A Youth Directional screening committee makes intake decision.

STAFF:

Includes:
Coordinator
5 Teachers

FUNDING: State Education Department
Youth Board
Department of Health, Education and Welfare
Veatch Foundation

COST OF SERVICE:

Not Provided

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

James Edmundson, Executive Director
(516) 796-7011

PROGRAM NAME AND LOCATION: City-As-School
59 Schamerhorn Street
Brooklyn, New York 11201

AUSPICES: New York City Board of Education

PROGRAM GOAL: To provide an alternative high-school experience to qualified youth.

To provide learning and practical experience through linking youth and community resources.

To utilize community resources as a teaching/learning laboratory.

PROGRAM OBJECTIVES: City-As-School seeks to enhance and stimulate the students' education by providing community based, work-learning experience in the areas of students interests and gives students opportunities to learn about various occupational choices and clarify their own goals.

TARGET POPULATION: New York City students, who, preferably have completed 9th and 10th grades and 2 years of science and math, though evidence of maturity and resourcefulness are considered.

METHOD: Based on a program of their own choosing, City-As-School students spend from 18-24 hours per week at one or more learning sites in community agencies.

Business, civic, cultural and political organizations are among the types participating. Assignments vary from group courses to individual assistantships.

Students receive academic credit for each learning experience: the experience is categorized according to its closest academic equivilant - eg. Music, Art, English, American Studies.

Selection for the program is based on New York City Residence, and is made on the basis of a group interview and close collaboration between the City-As-School Coordinator and the school guidance counselor. Current enrollment is 319 students.

STAFF:

Principal
Assistant principal (teacher)
Guidance Counselor
3 Student Advisors - Teachers
Supervisor of Resource Services (teacher
5 Parsprofessionals
5 Resource Coordinators
3 Secretaries

FUNDING: New York City Board of Education
Federal Grants

COST OF SERVICE: Gross cost per client per day $111.00.
Personnel costs per client per day $71.00.

EVALUATION TECHNIQUE:
internal ____
external _X_
none ____

CONTACT PERSON AND TELEPHONE #:

Frederick J. Koury
Principal

(212) 858-1004

PROGRAM NAME AND LOCATION: BRIDGE
130 Stuyvesant Place
Staten Island, New York 10301

AUSPICES: Staten Island Cooperative Continuum of Education

PROGRAM GOAL: To enrich high school education and provide an opportunity to high school students to earn college credits.

To facilitate the transition between high school and college.

PROGRAM OBJECTIVES: To provide high school students with the opportunity to pursue their own interests to the depth they desire.

To give students the opportunity to explore planned academic and career goals.

To stimulate the students' self-awareness, ability to make choices and creative use of education.

TARGET POPULATION: High school students with the desire and motivation to work on a more mature (i.e. college) level.

Available to students in all Staten Island schools.

METHOD: Up to 8 credits per semester from freshman course list at the College of Staten Island. Wagner College and St. John's University offer the program to two chosen high school seniors.

College counseling seminars.

The program is also attempting to meet the needs of high school juniors and intermediate school students with counseling and informational seminars.

STAFF: Three counselors

FUNDING: Private Foundations
State Funds
Community School District #31
Board of Higher Education
Board of Education

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Lori DeMann and John Davis

(212) 390-7672

PROGRAM NAME AND LOCATION: Youth Services Project
St. George Campus
College of Staten Island

AUSPICES: Staten Island Cooperative Continuum of Education

PROGRAM GOAL: To enable adolescents who have been in trouble with authorities or courts to complete school.

To enhance the adolescents' ability to be responsible, employed members of the community.

PROGRAM OBJECTIVES: To provide tutoring and healthy adult contacts through relationship with tutor.

TARGET POPULATION: Adolescents (and families) who have come to attention of youth authorities or courts.

METHOD: After school tutoring.

Evening tutoring and high school equivalency examination preparation for adolescents and families.

Consolidation of youth and community-based information in coordination with the Board of Education and Youth Corps.

Guidance and vocational testing.

These program components are available at various school and community agency sites.

STAFF: 8 Tutors - after school tutoring
8 Tutors - evening General Education Diploma Program
4 Tutors - Community Education Project
1 Social Worker

FUNDING: Federal money to Department of Probation and College of Staten Island.
New York City Youth Board

COST OF SERVICE: Not available

EVALUATION TECHNIQUE: internal _____
external X
none _____

CONTACT PERSON AND TELEPHONE #:

Thomas LaManna and Brenda Marber

(212) 720-3018

PROGRAM NAME AND LOCATION: Careers in Aviation
LaGuardia Airport
Queens, New York

AUSPICES: Aviation Development for Youth, Inc.

PROGRAM GOAL: To motivate school attendance and stimulate student interest in setting career goals through an innovative, enriched curriculum with a concentration on aviation skills development and flight instruction.

PROGRAM OBJECTIVES: To deal with problems of truancy, delinquency and poor motivation among urban youngsters. Program focuses on three different high schools --- one non-middle class, one in a borderline area, one in a fairly deteriorated area --- and adopts program accordingly.

TARGET POPULATION: 350 high school students with truancy, delinquency and/or serious behavioral problems -- at August Martin, Wingate and Haaran High Schools.

METHOD: The program is located at LaGuardia, State University of New York, Farmingdale and three New York City schools. Program staff provides instruction as well as supportive/ therapeutic services.

STAFF:
1 Director
4 Counselors
3 School Instructors
1 Aviation Teacher
3 Parent Assistants
Major airline participation

FUNDING: Not provided

COST OF SERVICE:

EVALUATION TECHNIQUE:
internal ____
external x
none ____

CONTACT PERSON AND TELEPHONE #:

Gloria Shepard

(212) 457-7890

PROGRAM NAME AND LOCATION: Community Council on Careers
917 Madison Street
Syracuse, New York 13210

AUSPICES:

PROGRAM GOAL: To develop career awareness in high school students, educating and exposing youngsters to various career options. To enhance career planning efforts at high schools. To expand career opportunities by developing community resources and interest. To define communities present and future career needs.

PROGRAM OBJECTIVES: Based upon an assumption that high schools do not provide adequate career information, the Council seeks to do this by educating teachers, through workshops, to career options and planning.

Similarly educates high school students through discussions with personnel representatives; shadowing; visits to various job sites, etc.

TARGET POPULATION: Problem-free youth, normal intelligence from greater Syracuse High Schools - includes: Onodaga and Madison Counties.

METHOD: Council developed in 1975 as a result of earlier discussions among executives from manufacturing associations, chambers of commerce and the State Department of Education. The primary concern centered around the need for greater relevancy in the education process for preparing young people, upon graduation, for assimilation into the work force.

The council provides training and counseling around career options; prepares literature; runs career days; provides youngsters with "shadowing" experience i.e. to literally follow a professional in one's career preference; runs workshops to educate teachers. Approximately 14 companies are involved. Serves 16 school districts.

STAFF: Executive Director
Research Aid
Secretary
Program Director of Resource Center

FUNDING: The Executive Committees of the Manufacturers Association of Greater Syracuse and the Greater Syracuse Chamber of Commerce.

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Robert Freund

(315) 472-2756

PROGRAM NAME AND LOCATION: The Community Arts Training Service for Youth
35 Main Street
Haverstraw, New York

AUSPICES: The Haverstraw Enrichment Movement

PROGRAM GOAL: To provide youths with an artistic/creative experience to tap creative energies of children not usually exposed to artistic expression through art and dance - to channel energy from anti-social acts to positive, creative communication to develop youth as a resource.

PROGRAM OBJECTIVES: Broadening communication skills, self-awareness, self-worth, pride. Increase positive inter-action between community and youth through an examination of the role of art and life in the community.

TARGET POPULATION: Youth of Haverstraw Community, between approximately 6-21.

METHOD: North Rockland County's high dropout rate, the large percentage of Hispanics in Haverstraw, and the large number of families below the poverty line led to the inception of this program as an effort to reduce cultural, language and poverty barriers for youth from this background. The program offers eight workshops per week including: photography, dance, fiber, puppetry, theater, drawing, writing, painting and sculpture.

Program gets referrals from various social service and Criminal Justice agencies in County. Also offers individual counseling, tutoring. Works actively with community to raise support and sponsorship for projects.

STAFF: Includes artists with specialties in the above areas, youth project instructors, training given by program in ethnic awareness.

FUNDING: New York State Council on Arts
Federal, Local and Foundation

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:

internal	____
external	____
none	X

CONTACT PERSON AND TELEPHONE #:

James Kiberd
Director

(914) 429-5487

2. Remedial Programs

PROGRAM NAME AND LOCATION: Project B.E.S.T.(Basic Educational Skills Training)
Red Creek, New York

AUSPICES: Red Creek School District, N.Y.State Education Department, Demonstration Project

PROGRAM GOAL:

To increase pupil achievement in the basic skills areas of reading and mathematics.

To early diagnose deficiencies in these areas.

PROGRAM OBJECTIVES:

The overall objective of the program is to improve child's self esteem. To improve pupil/teacher and parent/teacher interaction.

TARGET POPULATION:

Youngsters, 5-12 years of age, who attend schools in Red Creek Central School District.

METHOD:

Project B.E.S.T., begun in 1972, was an outgrowth of the ongoing education program conducted by Red Creek Central School District. The current Director developed this model, based upon a needs assessment, to focus on providing a varied learning experience in school, and to also extend beyond the school setting and into the home. The emphasis to be placed on reading and math skills development. The program was funded as a Demonstration project with monies allocated for replication in the District.

The program attempts to break down traditional barriers by emphasizing teacher accessibility to parents, and by electing a parent body. They would like additional funding to provide more parent education, parent training and to reach the pre-schooler. Program will provide concrete services.

STAFF:

1 Director
1 Math Coordinator
1 Reading Coordinator
3 Teachers
8 Teachers' Aides

FUNDING:

Elementary and Seconday Education Act, Title I
New York State Department of Education

COST OF SERVICE:

Gross costs per client per day	$4.60
Personnel costs per client per day	$3.93

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Edward Furletti
(315)754-8863

PROGRAM NAME AND LOCATION: Remedial Reading/Math
Caroga Lake, New York 12032

AUSPICES: Wheelerville Union Free School

PROGRAM GOAL:

To bring every student up to grade level in reading and math in grades K - 8.

PROGRAM OBJECTIVES:

Same.

TARGET POPULATION: Students in Wheelerville Union Free School district.

METHOD:

Special reading and math classes are held the first two periods of the day during the school year as well as there being an intensive summer program. All youngsters are tested at the beginning and end of every school year. Those who are 6-8 months behind are programmed during the year and summer. An effort is made to gear the program to the interests of the child. For example, if the child is interested in music or art, the teacher will use this as a point of entree. Teachers are taught how to develop this skill. One of the major problems this program faces is the re-inforcement of program at home - the literacy rate in Caroga Lake is 10%.

STAFF:

1 Director
20 Teachers

FUNDING:

Tax levy monies
Title I tutors

COST OF SERVICE: gross costs per client per day $8.00

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	__X__

CONTACT PERSON AND TELEPHONE #:

John A. Weiss
(518)835-2171

PROGRAM NAME AND LOCATION: Learning Disorders Unit
560 First Avenue
New York, N.Y. 10016

AUSPICES: N.Y.U. Medical Center and Board of Education

PROGRAM GOAL:

To prevent cognitive and emotional effects of learning disability in young school children.

PROGRAM OBJECTIVES:

To identify and treat children vulnerable to failure while keeping children in regular classroom situations.

To provide a support network of advocacy services to children "at risk" and their families.

TARGET POPULATION:

The program is targeted to kindergarteners and first graders, although the services continue through the elementary grades as needed.

METHOD:

The Learning Disorders Unit operates in eight public schools in Manhattan plus several replication projects in Brooklyn, the Bronx and Long Island. Children are in regular classes and are seen for specified times for individual or small group instruction, in space set aside in the school.

Program components are as follows:

SEARCH - scanning of all children in kindergarten or early first grade using a developed system to identify and diagnose learning vulnerabilities.

TEACH - beginning in first grade individualized instruction is provided based on the findings of the SEARCH procedure. Instruction continues as long as necessary, with children working in small groups as they move up the grades.

On-going services include family casework and referral for social services and concrete services as needed.

The Learning Disorders staff act as consultants to schools and provide training programs for professionals and students.

STAFF: Includes:

Part-time child psychiatrist	Part-time resident psychiatrist
Psychologists	Intern psychologists
Social Workers	Full- and part-time resource room teachers
Teaching Supervisors	
Educational assistants	Trainees in psychology, psychiatry, and pediatrics

FUNDING:

Department of Mental Health	N.Y.C. Board of Education
Federal Office of Education	Fees as consultants

COST OF SERVICE:

Scanning per child $4.50
Intervention per child per year $375.00

EVALUATION TECHNIQUE:

internal ____
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Archie Silver, MD (212)679-3200 ext. 3735/6

PROGRAM NAME AND LOCATION: Bilingual Supportive Learning Center
J.H.S. 99 410 East 100th Street
New York, New York 10029

AUSPICES: Puerto Rican Family Institute

PROGRAM GOAL: To prevent learning disabilities in young, bilingual Hispanic children. To provide supportive services.

PROGRAM OBJECTIVES: Through diagnostic evaluation to identify children at high-risk for academic failure. To provide small group and individual remediation in an effort to prevent further leaning disability.

TARGET POPULATION: Hispanic children in first and second grades at P.S. 7, P.S. 112, and P.S. 121 with learning disabilities or at risk.

METHOD: Children are screened on basis of test and observational measures either by regular classroom teachers or the Program Staff.

Intensive remedial tutoring is then provided in the resource rooms located at schools listed above. Individualized educational plan is developed for each child; ongoing tests and evaluations determine the progress of the children.

STAFF: Includes director, psychologist, Educational Supervisors and Resource room teachers.

FUNDING: Public

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal _____
external x
none _____

CONTACT PERSON AND TELEPHONE #:

Maria Judith Colon
Project Director

(212) 860-8939

PROGRAM NAME AND LOCATION: Reading Clinic
153-30 89th Avenue
Queens, New York 11432

AUSPICES: Queens Federation of Youth Orgs., Inc.

PROGRAM GOAL: To work with youth known to Family Court to remediate reading difficulties, improve self-confidence, increase ability to relate positively to peers, and adults in authority roles.

PROGRAM OBJECTIVES: To work with youth to function in school setting without additional supports.

TARGET POPULATION: Youth known to Queens Family Court who are one year or more below grade level in reading.

METHOD: The Clinic, which began 10/1/77, provides one-to-one tutorial sessions and group activities for 30 younsters between the ages of 9-18. The classroom is in the annex building of Queens Family Court.

In addition to providing the clinic service, volunteer tutors are utilized from the Community. The youngsters and tutors cooperatively plan around the students' interests. Volunteers keep a record of goals, activities, and comments. After several weeks, they meet with their supervisors to discuss the child's progress.

York College of Continuing Education provides resources in the form of reading material and films.

STAFF:
1 Executive Director
1 Project Director
1 Supervisor
1 Teacher/Group Specialist
1 Program Assistant
20 Volunteer Tutors

FUNDING: Local Youth Board

COST OF SERVICE: Gross costs per cleint per day $6.80.
Personnel costs per client per day $4.20.

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Margo Donovan

(212) 990-5651

PROGRAM NAME AND LOCATION: Diagnostic Reading Center
Wagner College
Staten Island, New York

AUSPICES: Staten Island Cooperative Continuum of Education, Community School District #31 and Wagner College.

PROGRAM GOAL: To make diagnostic and prescriptive resources available to students who are behind grade level in reading.

To coordinate reading services with school reading programs.

PROGRAM OBJECTIVES: Early identification of skill impairment to assure proper remediation and productivity.

To enable students to benefit from school education.

To enhance the students' positive feelings about self and school.

TARGET POPULATION: 3rd, 4th and 5th graders who have demonstrated a need for testing, evaluation and initial remediation instruction.

METHOD: The program offers individual diagnosis of reading difficulties, preparation of individual prescriptions, and remediation at the center. As individual goals are met students are referred back to the home school with recommendations for follow-up work. There is continued follow-up evaluation of students at stated intervals.

Referrals to appropriate agencies are made as necessary.

Individual and group conferences are available for parents.

Professional workshops are held for teachers.

STAFF: Trained reading specialists.
Educational testing specialists.
Graduate student interns in reading and testing.

FUNDING: Local and State Boards of Education.
Private grants.

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Eileen Hartung and Barbara Fitzpatrick

(212) 390-3286

PROGRAM NAME AND LOCATION: Math and English Skills Centers
Staten Island Schools

AUSPICES: Staten Island Cooperative Continuum of Education
Board of Education
Board of Higher Education

PROGRAM GOAL: Both skills centers identify and intervene, by remediation, with students having difficulty in English and/or Math in the Staten Island High Schools and feeder elementary, junior high and intermediate schools.

PROGRAM OBJECTIVES: To enable students to progress in education.

To train teachers to diagnose and provide remediation.

To involve parents in understanding of child's difficulties and program components.

TARGET POPULATION: Students having difficulty in English and/or Math.

METHOD: Diagnostic testing keyed to 3rd, 6th, 8th and 12th grade competency levels to pinpoint strengths and weaknesses.

Individualized instruction.

Small Group remediation.

Tutorial assistance.

Parent workshops.

Teacher training in diagnosis and remediation.

Available at several schools in Staten Island.

STAFF: High school and college personnel

FUNDING: Board of Education
Board of Higher Education
Foundations

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Math skills - Constance Costa: (212) 720-3018

English Skills - Robert Perrault: (212) 273-3210

PROGRAM NAME AND LOCATION: Bilingual Tutorial Services
Yonkers, New York

AUSPICES: Yonkers Community Action Program, Inc.
Spanish Community Progress Foundation.

PROGRAM GOAL: To provide bilingual services to Hispanic youth both in and out of school who demonstrate educational deficiences.

To determine individual educational needs and program necessary to meet these needs.

PROGRAM OBJECTIVES: To provide bilingual tutorial services to 50 Hispanic youth between the ages of 10 and 20.

To coordinate educational resources with schools.

Enriching the bi-cultural background of participants through non academic experiences with trips, activities and special events.

TARGET POPULATION: Any Hispanic student living in the Yonkers area who is having academic difficulties in school. (Most referrals are from the Yonkers public schools).

METHOD: Jointly sponsored by the Yonkers Community Action Program, the Spanish Community Progress Foundation, and the Westchester County Youth Bureau, the Bilingual Hispanic Tutorial Program seeks to bridge the gap between the English-speaking school system and the Spanish-speaking home for youngsters who are bilingual and bicultural.

The major emphasis of the program is directed toward tutorial services which provide individualized assistance geared to the specific academic needs of each student. While basic academic skills are stressed, the project is equally dedicated to enriching the bicultural background of participants through non-academic experiences with trips, activities and special events. A vital and unique component of the program is an active community outreach program and regular home visitations. The tutorial program is carried out between the hours of 9:00 AM - 7:00 PM, five days a week, as needed. Non school summer hours are 9:00 - 5:00 PM, five days a week.

STAFF:
1 full-time Tutorial Supervisor (Certified Teacher of Bilingual Education)
1 full-time Tutorial Specialist
2 paid Tutors
6 Volunteer Tutors
1 Teaching Intern

FUNDING: Yonkers Community Action Program
Westchester Community Youth Bureau

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Kathy Ann Esposito
Co-Ordinator Director

(914) 965-8947

PROGRAM NAME AND LOCATION: Pins Diversion
2770 Broadway
New York, New York 10027

AUSPICES: Rheedlen Foundation

PROGRAM GOAL: To redirect truant children to either regular or alternative public schools and to prevent them from becoming involved with the juvenile justice system.

PROGRAM OBJECTIVES: To improve a child's reading level and to provide social work service to child and family to strengthen family and community ties.

TARGET POPULATION: Youngsters 8-11 years, traunt at least 50 days during a single year and residing in Upper West Side and South Central Harlem.

METHOD: Program provides an intensive reading diagnosis and reading instruction program to youngsters while using art and recreation as a means to provide social work services. Total family becomes involved with the program through staff's outreach efforts. The volunteer program consists of 60 people, 30 of whom are community residents or parents.

STAFF: Director; Adminstrative Coordinator;
3 Community Service Adminstrators; 1 Community Aid Worker;
5 Part-time teachers; 10 Student Interns; 60 Volunteers;
Consultant Psychiatrist; Psychologist.

FUNDING: Criminal Justice Coordinating Council

COST OF SERVICE: (based on 100 clients)
Staff costs per client per day $3.78
Personnel costs per client per day $2.93

EVALUATION TECHNIQUE:

internal	_____
external	X
none	_____

CONTACT PERSON AND TELEPHONE #:

Mr. Richard Murphy

(212) 866-0700

PROGRAM NAME AND LOCATION: Creative Reading Through the Arts
62 Hamilton Terrace
New York, New York 10031

AUSPICES: Children's Art Carnival

PROGRAM GOAL: To develop creative thinking.

To provide qualitative art experiences.

To provide individualized instruction in reading and to link reading to creative art experience.

PROGRAM OBJECTIVES: Using art as a disagnostic and therapeutic tool, to intervene in the course of developmental, emotional and learning difficulties of school aged children.

TARGET POPULATION: Children and youth aged 4-18 in New York City public schools. For Title I reading program, children must be reading 1½-2 years below age level. Most children come from Harlem, the South Bronx and the Upper West Side.

METHOD: Children's Art Carnival is a community based art and educational institution originally sponsored by the Museum of Modern Art. The Creative Reading Program provides an intensive and individualized 18 week experience in art and reading therapy and diagnosis to children with reading difficulties.

Artist-teachers observe the child through this art productions and interactions. Psychological testing and evaluation is given to all children, and on the basis of tests and observations a treatment program is developed. Referrral for more intensive treatment and testing, including family counseling, is made when appropriate.

STAFF: Includes a Director, Educational Director, Psychologist and Psychology Externes; Title I Coordinator, Reading Teachers and full staff of artists representing a range of media.

FUNDING: Title I -- for reading program
Children's Art Carnival receives: National Endowment for the Arts, New York State Council

COST OF SERVICE: $43.00 per child, per year.

EVALUATION TECHNIQUE:

internal	X
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Ms. Martha Norris
Educational Director

(212) 234-4093

3. Therapeutic - Educational Programs

PROGRAM NAME AND LOCATION: Childrens' Day Treatment Center
255 West 71st Street
New York, New York

AUSPICES:

PROGRAM GOAL: To provide an academic and clinical program mileu for latency aged children of at least average intelligence who are experiencing academic and or emotional adjustment problems.

PROGRAM OBJECTIVES: To service children whose mild degree of disturbance would otherwise go unnoticed in a larger school setting.

TARGET POPULATION: Manhattan Residents, children aged 5½-9½ on admission with mild emotional disturbance and average IQ (minimum 95) with Reasonable prognosis for change within two years.

METHOD: Children's Treatment Center is a theraputic school located on the upper west side of Manhattan. It provides a thoroughly integrated theraputic and educational service to its children. Board of Education teachers and clinical staff coordinate educational, clinical, remedial and perceptual training services.

Goal is to work with child and family (parental involvement is stressed) in an attempt to have the child enter the mainstream after two years of intensive services.

The program is highly individualized, and the low staff-student ratio make such programming possible.

Full range of theraputic services provided by program; referrals made if appropriate.

Program provides one year of after-care follow-up.

STAFF: Includes a Director (MSW), Psychiatric Social Worker, Social Workers, School Psychologist, Music Therapist, Speech Therapist and Reading Therapist.

Board of Education Teachers

FUNDING: NYCDMH-Department of Mental Health
Contributions
Investments

COST OF SERVICE: Gross cost per client per day $20.29.
Personnel costs per client per day $14.66.

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Ms. Nasrine Nasr
C.P.S.W.

Roland Ostrower
Director

(212) 873-2280

PROGRAM NAME AND LOCATION: La Salle School's Day Treatment Program
391 Western Avenue
Albany, New York 12203

AUSPICES: Roman Catholic Diocese of Albany and the Brothers of the Christian Schools.

PROGRAM GOAL: To prevent Foster Placement and enable a student to remain in his own home by providing specialized educational and clinical services during the day.

PROGRAM OBJECTIVES: To provide a clinical and educational program sufficiently strong, to enable youngsters in trouble to stay in their own home instead of being placed in foster care.

TARGET POPULATION: Boys between the ages of 12 and 18 coming from families on the verge of total breakdown or recently expelled from the community school and considered "floundering."

METHOD: The program provides:

- Special Education grades 7-12 and intensive remedial work in reading and math leading to a high school diploma.
- Recreational programs, instruction, medical care and religious education.
- Clinical services including psychological and psychiatric diagnosis, prescription, medication, and therapy including volunteer Big Brother, Big Sister and case work.
- Family Services including counseling, advocacy, etc.

The program has developed an excellent relationship with community schools and BOCES in order to plan, case by case, for a child's educational future.

STAFF: Executive Council/Executive Director
Director of Educational Services
Director of Clinical Services
Caseworkers
Volunteers

FUNDING: State Department of Social Services

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE: internal _____
external _____
none x

CONTACT PERSON AND TELEPHONE #:

Brother Augustivne Loes, F.S.C.

(518) 489-4731

PROGRAM NAME AND LOCATION: Follow Through Program
Monty Street School
Monty Street, Plattsburgh, New York 12901

AUSPICES: Board of Education
City School District, Plattsburgh

PROGRAM GOAL: Through an integrated service approach, at a school-based setting, to provide the total educational and social services necessary to deal with problems of early childhood.

PROGRAM OBJECTIVES: To provide medical evaluations by Monty St. School Physicians, or private MDs, to all children; to follow up on defects found by physicians; exploration for Financial Assistance for medical and dental care; to notify parents of services available through Clinton County Health Dept.; to provide integrated, interdisciplinary, comprehensive services through the school setting; to measure and correct for increased or decreased productivity in instructional or social outcomes.

TARGET POPULATION: Children in grades K through 5 who meet Federal low income guide lines - now involving about 400 children.

METHOD: Team approach employed in the school setting; child centered learning centers with a great deal of freedom and parent involvement in the instructional program. In addition professional training and assistance provided by Bank St. College of Education. Children about whom teachers are concerned are referred to Interdisciplinary team (Teacher, Psychologist). Active health screening, nutrition, psychological services, medical services.

STAFF: Overall project direction is performed by the Director, in addition there are:

1 Psychologist	9 Teacher Aides
1 School Nurse/Teacher	2 Parent Aides
1 Teacher Trainer	9 Teachers

FUNDING: From the Federal Government
Department of Health, Education, Welfare
Through the City School District

COST OF SERVICE: Gross costs per client per day $550.

EVALUATION TECHNIQUE:

internal	
external	X
none	

CONTACT PERSON AND TELEPHONE #:

George Carlisto

(518) 563-1140

PROGRAM NAME AND LOCATION: Primary Mental Health Project
575 Mt. Hope Avenue
Rochester, New York 14620

AUSPICES:

PROGRAM GOAL:

To provide early detection and preventive treatment of school adjustment problems.

PROGRAM OBJECTIVES:

Through the use of carefully developed screening and early detection methods administered in local schools the Primary Mental Health Project identifies primary grade children with life adjustment difficulties. Through intensive and immediate treatment services, the program hopes to have an impact on behavioral problems that obstruct learning, to provide children with a richer, more productive school experience. This program seeks to provide intervention early enough in a child's developmental history to prevent further deterioration or the development of a complex of difficulties.

TARGET POPULATION: Primary grade children in 30 schools in the Rochester area, and their families.

METHOD:

Through screening and detection methods that include written tests and observation, children with early evidence of emotional/school adjustment problems are identified. Each child determined to be in need of services is then provided with intensive, extensive mental health and support services through the use of trained and supervised non-professional child-aides. The project handles both educational and behavior problems. "Core" services provided include: psychological evaluation; psychotherapy; play therapy; family and individual casework; parent problem solving groups; and parent training groups.

This program has an extensive research effort attached to it, which works to evaluate and refine program methods.

STAFF:

Includes psychologist, social workers, school aides, child aides, research technicians.

FUNDING:

County school districts
County Community Development
N.Y.S. Department of Social Services
National Institute of Mental Health
Foundations

COST OF SERVICE:

EVALUATION TECHNIQUE:

internal	X
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Mr. Emory Cowan
(716) 275-2547

PROGRAM NAME AND LOCATION: SPARK
Board of Education
110 Livingston Street
Brooklyn, New York 11201

AUSPICES: New York City Board of Education

PROGRAM GOAL: To provide students with an alternative to drug abuse

To refer students in need to other pupil services and outside agencies.

To help drug prone and drug abusive students to improve self-image/self-esteem.

To help "at risk" students develop better coping skills.

To assist target population in improving academic performance.

To increase educational interest by reducing truancy and cutting.

PROGRAM OBJECTIVES: Through program participation students will select healthier and more productive ways of dealing with stress, family problems, underachievment and low self-image. Students in need of services other than provided by SPARK will be identified and placed. Through program participation students will demonstrate increased self-esteem, improved coping skills and reduction in acting out behavior.

TARGET POPULATION: School age 13-18 population of some 13-15,000 youngsters who are considered "at risk" in terms of active or likely drug involvement, truancy, cutting, school failure, etc.

METHOD: By working at the school site with peer groups taking the responsibility for their own behavior under the guidance of skilled adults. Through the use of professional counsellors, at local schools, who work with peer groups around their drug use and school failure. Counsellors remain available to the youngsters for discussion of any other problems, home, etc. which arise. Counsellors aid school personnel relate in an on-going way to upgrade youth's performance. The program operates out of 88 different high schools in all five boroughs.

STAFF:
1 Project Director
1 Assistant Director
6 Borough Supervisors
101 Field Workers

FUNDING: New York State Office of Drug Abuse Services
New York City Board of Education

COST OF SERVICE: Gross costs per client per day $184.00.
Personnel cost per client per day $34.00.

EVALUATION TECHNIQUE:
internal _____
external X
none _____

CONTACT PERSON AND TELEPHONE #:

Arthur Jaffe

(212) 237-0410

4. Life - Skills Training

PROGRAM NAME AND LOCATION: Teen Mother's Program
80 North Street
Auburn New York 13021

AUSPICES: Cayuga County Counseling Services

PROGRAM GOAL: To promote the healthy development of mother and child by preventing the potential emotional and physical neglect and abuse of teen mothers and their children.

PROGRAM OBJECTIVES: To assist mothers in developing parenting skills.

To educate mothers about available resources.

To aid mothers in the development of their independence, setting and fulfilling of goals, vocationally and socially.

TARGET POPULATION: Teen-age mothers

METHOD: Group - educational model with selected topics, guest speakers and discussion.

Referral to counseling, other community agencies as appropriate.

Outreach in the form of community dinners and other activities.

Transportation and baby sitting are provided for time of workshops.

STAFF: 1 Supervisor on a part-time basis
1 Direct Service Worker, 4 days a week

FUNDING: Division for Youth
United Fund
County Dept. of Social Services

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Mary Ann Ginnerty
Supervisor

(315) 253-9795

PROGRAM NAME AND LOCATION: Teen Parenting Program
678 W. Onondaga Street
Syracuse, New York

AUSPICES: Syracuse Child and Family Service

PROGRAM GOAL: To increse the families' ability to deal with stress; preventive services are delivered in workshops and seminars focused on areas of difficulty.

To run educational/support groups for teen parents in the areas of child care, child development, health needs, sexuality and family planning.

PROGRAM OBJECTIVES: To provide specialized education and counseling for young parents, married or single.

In view of the rising number of adolescents having, and deciding to keep, children this program seeks to help young parents develop child nurturing skills.

To prevent child abuse, neglect and foster placement.

TARGET POPULATION: Low and middle-income adolescent and young adult parents of Onondaga County.

METHOD: Group emphasis:

a) Ten week parent training session - educational and informational in focus. Group content is geared to needs of particular clients.

b) Support group - participants may choose to have continued involvement with group. Social worker and client jointly make this decision after initial 10 week session.

Individual counseling and client advocacy including marital counseling.

Program provides transportation and supervised day care for clients and children.

STAFF: Full-time program coordinators
2 part-time group consultants
Community resource persons
3 child care workers

FUNDING: United Way
Department of Social Services

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Dr. Ralda Jean Johnson
Executive Director

(315) 474-4291

PROGRAM NAME AND LOCATION: Family Enrichment Program
Buffalo, New York

AUSPICES: Child and Family Services

PROGRAM GOAL: To provide sex education and parenting education for teenage mothers.

PROGRAM OBJECTIVES: The program teaches child and maternal care issues and offers sex education in order to keep mother and child together in as nurturing an environment as possible.

TARGET POPULATION: In Erie County a high incidence of out-of-wedlock births exists, particularly in the 15-19 age group. This program focuses on the St. Augustine's Center in Buffalo which houses a special educational program for pregnant girls. The enrollment is 19 and the demand is growing.

METHOD: This is a school-based program which offers a sex and parenting education class to the enrolled mothers who come to the class largely through self-referral. The teacher is paid for by the Child and Family Services of Buffalo, and works in the classroom under an informal arrangement with the school's head teacher. Classes are one hour and ten minutes per week.

STAFF: One teacher and one part-time volunteer.

FUNDING: Child and Family Services

COST OF SERVICE: Donated - not applicable.

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Ms. Roena Haynie

(716) 897-4110

PROGRAM NAME AND LOCATION:

Human Relations Program
White Plains Public Schools
5 Homeside Lane
White Plains, New York

AUSPICES:

White Plains Board of Education

PROGRAM GOAL:

To reduce racial isolation as it affects teachers, students and parents.

To support, encourage, improve and stimulate affective education, and enhance self-image.

PROGRAM OBJECTIVES:

To increase communication throughout the system.

Same.

TARGET POPULATION:

All students attending the White Plains Public Schools, all parents whose children attend these schools, and all teachers in these schools may involve themselves in the program.

METHOD:

Originally, the Human Relations Program was set up by the White Plains Public School System to reduce racial isolation in the schools. It has expanded to support, encourage, improve and stimulate affective education and enhance self-image.

Teachers learn programs and techniques for use in their classrooms through four or five inservice courses per year, as well as through actual in-class demonstrations during the school day. Weekend programs allow groups of high school students and faculty members to participate in various human relations activities. A two-hour weekly program entitled Parent Awareness Workshop focuses on communication skills designed to improve parent and child relationships. A class in human relations is available to high school students in the alternative secondary education program.

STAFF:

Human Relations Specialist (1)

FUNDING:

Board of Education

COST OF SERVICE:

Not provided

EVALUATION TECHNIQUE:

internal _____
external _____
none _____
not provided X

CONTACT PERSON AND TELEPHONE #:

George M. Cohen
(914) 946-4200

5. Consultation, Education and Training Programs

PROGRAM NAME AND LOCATION: Outreach Program
Center Lane, Village Green

AUSPICES: Youth Directional Council of Levittown and Island Trees, Inc.

PROGRAM GOAL: To extend teaching assistance to adolescents seeking help in employment, individual counseling, group counseling, systems awareness cultural enrichment, information and referrals.

PROGRAM OBJECTIVES: To reduce juvenile delinquency and antisocial behavior among adolescent population in Levittown and Island Trees area by involving youth with community resources.

TARGET POPULATION: Youth in Levittown-Island Trees area, community School Districts #5 and #26.

METHOD: The Outreach Component of the Youth Directional Council is the community development arm of this multi-service, community based program. The program seeks to involve youth and community in mutual projects; runs fairs, uses local media etc. to publicize resources.

Special emphasis is on vocatinal and educational opportunities for youth. Through "YDC Rent-a Youth", community residents who need odd jobs done can call the service and have a youngster assigned.

Delivers services at a wide variety of school and civic settings.

STAFF: Includes a director
12 Counselors
6 Community Service Assistants

FUNDING: Federal
Private

COST OF SERVICE: $15.60 per year per client

EVALUATION TECHNIQUE:

internal	_____
external	X
none	_____

CONTACT PERSON AND TELEPHONE #:

Mr. James Edmondson
Executive Director

(516) 731-7337

PROGRAM NAME AND LOCATION: 19th Ward Youth Project
447 Genesee Street
Rochester, New York 14611

AUSPICES: Convalescent Hospital for Children

PROGRAM GOAL: To provide educational, therapeutic, and recreational activities to high-risk youth in Order to prevent delinquent activity and more serious emotional difficulty.

PROGRAM OBJECTIVES:

To work with schools and community in order to identify and provide needed services to adolescents with early evidence of emotional and behavioral difficulties. To provide growth enhancing experiences through recreational/artistic activities that are also therapeutic in intent.

To establish and maintain a close working relationship with schools in community.

Program acts as more informal gateway for the mental health services at Convalescent Hospital Community Mental Health Center.

TARGET POPULATION: Youth living in 13th, 19th, and 11th Wards of Rochester.

METHOD: This program operates from 8:30-5:00 p.m. five days a week. It is located across the street from one of the district schools, and provides services at that setting as well as in the schools. The 19th Ward began as a part of Community Association, and has close ties to the community it serves. It has recently merged with Convalescent CMHC as its day-treatment center, but retains its accessible, storefront character.

Ties with the schools are energetically pursued and maintained. Youth Workers are placed within each school and receive full cooperation from educational staff.

Program functions as an important conduit to more 'traditional' mental health services at the CMHC since it is perceived as a more informal agency by the community.

Offers a media workshop that involves youth in photography and film-making and acts as focus for prevention efforts.

Basic services include: family and individual casework, group counseling, diagnositc services, advocacy and referral.

STAFF:

Includes:
Social Workers
Youth Workers
Full clinical back-up staff at Community Mental Health Center

FUNDING:

National Institute of Mental Health
County and City Youth Board
Community Chest

COST OF SERVICE: Fees

Not provided.

EVALUATION TECHNIQUE: internal _____
external X
none _____

CONTACT PERSON AND TELEPHONE #:

Mrs. Bea Paul, MSW
(716)436-1522

PROGRAM NAME AND LOCATION: Family Preservation Program at Riverdale Children's Services
475 Riverside Drive
New York, New York 10027

AUSPICES: Riverdale Children's Services

PROGRAM GOAL: Maintain family in-tact.

PROGRAM OBJECTIVES: To provide direct services, plus appropriate community agency referrals to achieve their goal: a network of community based services. Advocacy is done when needed.

TARGET POPULATION: Families within Catchment Area.

METHOD: The Family Preservation Program provides integrated services to children and their families including: case work, family counseling, parent education, tutoring, school based services as well as psychological testing and psychiatric evaluation.

The program is a community based, community oriented operation funded by private means.

STAFF:
One Supervisor
One Psychiatrist
One Psychologist
Four Case Workers (MSW)

FUNDING:
Foundations
Contributions

COST OF SERVICE: Gross costs per client per day $10.00.
Personnel costs per client per day $13.00.

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Julia Lenoard or Elmer Stewart

(212) 866-6003

PROGRAM NAME AND LOCATION: Unified Services for Children and Adolescents
33 2nd Street
Troy, New York 12180

AUSPICES: State Department of Mental Health
County Department of Mental Health

PROGRAM GOAL: To provide services to all Rensselaer County children under the age of 18 who are developmentally disabled, or at high risk of developmental disability.

PROGRAM OBJECTIVES: To provide family and group therapy and counselling, advocacy services and pharmaco-therapy for county residents under 18 who are developmentally disabled, or emotionally disturbed, or who are at high risk of being so.

TARGET POPULATION: Rensselaer County children 0-18 and their families.

METHOD: A comprehensive service delivery system organized around three regional teams consisting primarily of professional mental health workers. Teams learn the needs of their respective communities as well as form relationships with schools, courts, etc. to provide a unity of services to children and families and to early identify the areas of stress.

The program is not restricted to developmentally disabled clients; emphasizes case advocacy.

STAFF:
1 Physician - P/T
4 Psychiatrists - 2 F/T, 2 P/T
6 Psychologist - 3 F/T, 2 P/T, 1 volunteer
12 SW - 8 F/T, 4 P/T
3 Nurses - 1 F/T, 2 P/T
5 Mental Health Professionals (B.A.) - 3 F/T, 2 P/T
15 Mental Health Workers (less than B.A.) - F/T

FUNDING: State Department of Hygiene
Local Department of Health
Staff sharing with Eleonor Roosevelt Hospital: Fees

COST OF SERVICE:
Gross costs per client per day $140.74.
Personnel costs per client per day $125.75.

EVALUATION TECHNIQUE:
internal ____
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Carl Mindell
Clinical Director

(518) 270-5262

PROGRAM NAME AND LOCATION: Child/Adolescent Team
146 No. Street
Auburn, New York 13021

AUSPICES: Cayuga County Community Mental Health Center

PROGRAM GOAL: To identify and treat school children with behavior and/or personal problems, thereby promoting integrated development of individuals and families.

PROGRAM OBJECTIVES: To support and train teachers to work with youngsters having problems.

To intervene with children and families at time of problem identification in school and at home.

TARGET POPULATION: School children Kindergarten through High School in Cayuga City.

METHOD: The CMHC childrens component provides individual, group counseling, family counseling, referral to other agencies and educational consultation to school staff.

Services are provided at the CMHC site and at schools by the treatment teams. Emphasis is on developing service delivery through and with local schools.

STAFF: Includes psychologist, social workers, teacher, psychiatric nurse, child pyschiatrist and occupational therapist.

FUNDING: Local
State
Federal

COST OF SERVICE: Not available for project component

EVALUATION TECHNIQUE:

internal	
external	
none	X

CONTACT PERSON AND TELEPHONE #:

E.H. Shockey

(315) 253-0341

PROGRAM NAME AND LOCATION: Partners in Prevention (P.I.P.)
167 Genesse Street
Utica, New York 13501

AUSPICES: Family Service, Catholic Social Services and Neighborhood Center, Utica

PROGRAM GOAL: To work with school personnel to identify children having problems related to behavior, attendance, social skills, family relationships.

To provide for the social/psychological needs of identified youth and their families.

PROGRAM OBJECTIVES: To enable the individual to be aware of and utilize his/her strengths and enhance his/her self-concept.

To enable youngsters to benefit from learning opportunities by increasing his readiness to learn.

To maximize the fullest potential of student-home-community resources.

TARGET POPULATION: Children in grades 4-8 identified by teachers in schools of 5 school systems in Oneida County. Parents must give permission for child to participate.

METHOD: Group counseling
Individual counseling
Family counseling
Family visitations

In schools in New Hartford, Onskany, Chadwick, Utica and Holland Patent school systems.

STAFF: 13 Social Workers with this project on a part-time basis.
10 full-time volunteer teachers.

FUNDING: Local - Operation Sunshine
CETA

COST OF SERVICE: Not available

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Carol Downs

(315) 735-5269

PROGRAM NAME AND LOCATION: Mobile Intervention Team Project (M.I.P.)
167 Genesse Street
Utica, New YOrk 13501

AUSPICES: Family Services of Utica

PROGRAM GOAL: To avert the need for adjudication and/or institutionalization of youth.

To prevent subsequent delinquent acts.

To improve family relationships.

To demonstrate a cooperative approach between agencies.

PROGRAM OBJECTIVES: To protect and strengthen family life.

To improve the climate of living in the community at large.

TARGET POPULATION: Children and adolescents (4-19) identified by law enforcement, schools, or other social agencies as pre-delinquent (i.e. acting out, truancy, potential drop-out, etc.)

METHOD: Individual counseling
Family counseling
Parent groups

Services are available at the agency location, the home and 4 school districts; New Hartford, Oriskany, Remsen, Whitesboro as well as the general area of Oneida County.

Staff consultations are available with school personnel.

Referrals to other social service agencies are made as necessary.

STAFF: 5 Social Workers, 3 are on this project part-time.

FUNDING: United Way
Division for Youth

COST OF SERVICE: Gross costs per client contact $37.00.
Personnel costs per client per day $30.00

EVALUATION TECHNIQUE:

internal	_____
external	X
none	_____

CONTACT PERSON AND TELEPHONE #:

Carol Downs

(315) 735-5269

PROGRAM NAME AND LOCATION: Martha Beeman Foundation Child Guidance Clinic
650 Fourth Street
Niagara Falls, New York

AUSPICES: Niagara Falls Community Mental Health Center

PROGRAM GOAL: To provide comprehensive Mental Health Services to children and families in Niagara County.

PROGRAM OBJECTIVES: Provide outpatient care: clinical evaluation and treatment through a range of services.

Develop and maintain a variety of programs related to community needs through consultation and education efforts.

TARGET POPULATION: Children and youth up to 18 years of age and their families who reside in Niagara catchment area.

METHOD: The Beeman Clinic has been in community since 1930 providing mental health and social services.

Services include individual therapy, group therapy, family therapy and parental counseling as well as groups on parenting skills for adolescents.

The program tries to maintain cooperative relationships with the other mental health agencies in area.

Clinical evaluation and treatment is the most utilized service, and group psychotherapy the major service emphasis.

Consultation and Education are provided to numerous community agencies including Department of Social Services, local schools, Head Start.

STAFF: Includes psychiatrists, psychologists, social workers, nurses, rehabilitation counselors and child care workers.

FUNDING: National Institute of Mental Health/Health Education & Welfare
Medicaid fees and insurance
State Department of Mental Health
County Department of Mental Health

COST OF SERVICE:
Out-pt $53.76 per unit of service
School program: $15.97 cost per unit of service
Consultation and Education: $24.26 per unit of service

EVALUATION TECHNIQUE:
internal _____
external x
none _____

CONTACT PERSON AND TELEPHONE #:

Mr. I. Giacovelli
Executive Director

(716) 282-2319

PROGRAM NAME AND LOCATION: Saratoga Summer Program
211 Church Street
Saratoga Springs, New York

AUSPICES: Saratoga CMHC

PROGRAM GOAL: Goals for children are to improve their self-image, help them to understand their feelings and emotions, to improve children's attitudes toward learning, and improve or change children's behaviors.

To help parents develop more self-confidence in dealing with their children, to learn how to communicate with their children, to discuss feelings about being a parent with other parents, to learn about problems their children are having.

PROGRAM OBJECTIVES: To improve relationships between children, parents, teachers through a high-energy 8 week summer program.

TARGET POPULATION: Saratoga County children 4-11 yrs old having emotional school, or home adjustment problems.

METHOD: A high energy active program designed to attract children and families to participate. Role playing, discussion groups, arts and crafts, etc. - all activities are geared towards improving child/parent/teacher relations.

The Board of Education gives space free for operations in summer. The CMHC, in turn hires teachers for the program. Involves the community through volunteers.

STAFF: Not provided

FUNDING: County Department of Mental Health

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Dr. William Long

(518) 584-9030

PROGRAM NAME AND LOCATION: (H. A. L. T.)
Help Adolescents Link Together
26 Grove Street
Kingston, New York

AUSPICES: Childrens Home of Kingston
Division for Youth

PROGRAM GOAL: To effect a positive change in the behavior of problem adolescents through a short term counseling program.

PROGRAM OBJECTIVES: To provide screening, intensive counseling, psychological evaluation treatment, referrals and follow up to adolescents and their families who are suffering from a variety of problems: drugs, school failure, truancy, shoplifting, posession of weapons.

TARGET POPULATION: Adolescents and their families in Ulster County, Ages 7-21.

METHOD: Intensive individual and family counseling at the office and in community settings during a concentratad 10 session program provided by a family counselor. Extensive outreach efforts are utilized to meet with youngsters in their non-threatening environment.

STAFF: Family therapist.

FUNDING: New York State Division for Youth
Childrens Home

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Laurie Blacker

(914) 331-1448

CATEGORY II: Comprehensive Family/Child Intervention

SERVICE MODEL A: Advocacy Programs

Issue/Child Advocacy

-Advocates for Children, New York City

Child/Youth Advocacy

* -The Door-A Center of Alternatives, New York City
* -Port Authority Runaway Youth Program, New York City
* -Threshold/Youth Resource Center, Rochester
* -Under 21, New York City

SERVICE MODEL B: Community/Youth Development Programs

Community Development

* -Lower East-Side Family Union, New York City
* -Children and Youth Development Services, Brooklyn
* -Bedford-Stuyvesant Restoration Corp.
* -North Shore Child Guidance Association, Inc., Manhasset
* -North Bronx Family Services Center
* -Community Mediation Training Program, Bronx

Youth Development

-Youthful Offender Community Service Project, Poughkeepsie
* -Youth Forum, Horseheads
* -Project Strive, Albany
* -Youth Development Program, North West Bronx Community and Clergy Coalition
* -Youth Services, Cortland Youth Bureau
* -Youth Social Adjustment Program, Elmira Neighborhood House
-Multi-Service Youth Center, Brooklyn Association of Settlement Houses, Brooklyn
-Goddard-Riverside Youth Program, New York City
* -Farnham Youth and Development Center, Oswego
* -North Village Green Project, Levittown
* -Peer Out-Reach Program, Niagara Planned Parenthood
* -Children's Group Counseling, Family Counseling Services of the Finger Lakes, Geneva
-Bronx Neighborhood Youth Diversion Program

* SITE-VISITED

SERVICE MODEL C: Crisis Intervention Programs

* -Parsons Institutional Prevention Project, Parson Child and Family Center, Albany
* -Preventive Project, Catholic Family Center, Rochester
-Children's Special Services, Rockland County Community Mental Health Center
-Families-in-Transition, Peninsula Counseling Center, Woodmere
-Family Advocacy, Crisis Intervention and Life Education (FACILE), Family Services League, Huntington

SERVICE MODEL D: Family - Life Education

* -Prevention Counseling Group, Family Counseling Service of the Finger Lakes, Geneva
* -Family Life Education, Family Counseling Service of the Finger Lakes, Geneva
* -Models for Parents of Adolescents in Trouble with the Law, Volunteer Counseling Services, Rockland

SERVICE MODEL E: Multi-Service Programs

-Williamsburg Family Reception Center, Brooklyn
* -Prevention Counseling Group, Poughkeepsie Family Day Care
-Counseling Program, Youth Directional Counseling
* -Elementary Recreation Program, Brighton Family Center
* -Parent Program, Brighton Family Center
-Program to Preserve the Integration of the Puerto Rican Migrant Family, Puerto Rico Family Institute, New York City
* -Family Reception Center, Brooklyn
* -Huntington Family Services, Syracuse

* SITE-VISITED

6. Advocacy Programs

PROGRAM NAME AND LOCATION: Advocates for Children of New York, Inc.
29-28 41st Avenue
Long Island City, N.Y. 11101

AUSPICES:

PROGRAM GOAL: AFC was established 9 years ago by active parents, students concerned professionals and citizens to secure, develop and improve education and related child care services for children with special needs, through case and issue advocacy, and strengthen the role of consumers of these services in determining their direction and outcome.

PROGRAM OBJECTIVES:

1) Help parent and student constituents through case advocacy intervention obtain their educational and other human service entitlements.

2) Establish trust and confidence in the constituent by strengthening his/her competence in identifying the problem, support networks and implementing specific realizable remedial strategies using school resources and other support linkages.

3) Through training workshops and forums, organize and develop parent, youth and community advocates to press for better educational and human services.

4) Elevate individual case concerns to a systemic or institutional policy level through extensive data collection, research, organizing, networking and political exposure of issues such as dropouts, truancy, discrimination, inadequate consumer representation, cumbersome access routes to providers, inadequate support for community-based support systems to sustain child growth and family strength and unity.

5) Raise the consciousness of human service providers and policy makers of the dominant child care role of our education institution without whose facilitating and linkage role other systems are reduced to fragmented cost-ineffective compensating remedies.

6) Identify strategic policy movers and opinion makers within education, welfare, economic and political communities, and direct their influence to serving the needs of families and children.

TARGET POPULATION: Youngsters between the ages of 5-21 years who require advocacy services to renegotiate their educational system due to exclusion, suspension from school, or inappropriate education and related child care services.

METHOD:

1) Case advocacy intervention, primarily at school hearings and conferences. AFC serves over 1,000 families per year.

2) Class advocacy research and policy analysis.

3) Organizing issue based coalitions, agendas and strategies.

4) Identifying and mobilizing support network in the community and professional establishment.

5) Training advocacy networks and conducting weekly radio program which reaches several thousand consumers and advocates.

6) Publishing newspaper and training manuals with a readership of 7,000.

7) Outreach to consumer through parent associations, day care facilities, work settings.

8) Helping establish a community based day treatment and weekday residence to prevent family disintegration and institutionalization of handicapped children.

STAFF:

1 Executive Director
1 Attorney
2 Senior Advocates/Trainers
6 Case Advocates (including one Youth Counselor)
1 Researcher
2 Social Work Interns
2 Union Retirees
2 Law Students
2 Secretaries
1 Intake-Receptionist
1 Bookkeeper

FUNDING:

Preventive Services money through Special Services for Children

N.Y.C. Youth Board

Private Foundations

*COST OF SERVICE:

Gross costs per client per year $173.33
Personnel costs per client per year $160.00

EVALUATION TECHNIQUE:

Internal X
External ____
None ____

CONTACT PERSON AND TELEPONE #:

Miriam Thompson

(212) 786-9100

*These costs do not accurately reflect the extensive outreach and networking efforts which characterizes AFC policy and procedure.

PROGRAM NAME AND LOCATION: The Door - A Center of Alternatives
618 Avenue of the Americas
New York, New York 10011

AUSPICES:

PROGRAM GOAL:

To develop a center for youth between ages of 12 and 21 years which provides treatment and normative services for adolescents and which deals with youth as whole, integrated individuals in a humanistic manner.

PROGRAM OBJECTIVES:

1. To develop a service center which is highly visible and freely accessible to young people.
2. To develop a comprehensive, integrated multiservice center with staff from many professional disciplines who are capable of dealing with the multiple problems of adolescents in a holistic manner.
3. To recognize the changing developmental needs of adolescents of different ages and to provide services in a manner appropriate to and individualized to their changing needs.
4. To involve young people in the planning of these services and to provide appropriate opportunities for youth participation in service delivery.
5. To use a Total Person Approach which includes the young person's physical, emotional, intellectual, interpersonal, creative and developmental dynamics as well as his/her family, legal, educational, vocational and other life problems and needs.
6. To develop this service system within a therapeutic milieu which provides opportunities for personal growth, creative expression as well as educational and vocational development.
7. To develop ongoing intensive treatment and educational programs within this milieu including: psychiatric treatment program, substance abuse treatment program, perinatal program, education and vocational programs, creative programs and recreational programs.
8. To develop linkage with existing service systems in New York City and the country.
9. To evaluate the effectiveness and efficiency of the services provided and feedback into ongoing program evaluation.
10. To provide a learning opportunity for students in health, mental health and related disciplines where they can learn about community-based holistic health care for adolescents.

TARGET POPULATION:

New York City children from all boroughs, 12-21 years of age

METHOD:

Through the offering of 10 distinct services, all housed at one locale, The Door provides a unique opportunity for adolescent growth and maturity.

The program, which originally started on the lower east side of Manhattan as a storefront operation, operates much like an enormous "drop-in" center, attractively designed with spacious, uncomplicated use of space. Many youngsters become "hooked" on The Door, and once a child maintains some regularized contact, relationships form with staff and other youngsters.

The Door offers the following services: (1) Adolescent Health Center; (2) Family Planning and Sex Counseling Services; (3) Psychiatric Counseling Services; (4) Nutrition Counseling and Food Services; (5) Education Counseling Services and The Learning Center; (6) Vocational Counseling Services; (7) Legal Counseling Services; (8) Crisis Intervention and Social Services; (9) Vocational Training and Creative Workshops; and (10) Gym, Yoga and Martial Arts Program.

Each is located in a separate area of the Center with separate staff. Referrals are accepted from all sources. Each child is assigned a primary counselor and a team approach is used. Every service follows-up on their youngsters.

Youth are treated independently of parents; parents are only contacted if young person agrees, or in cases of emergency.

The Center is open Monday-Thursday, 2-10 p.m., Friday, 1-9 p.m. A reduced weekend program is available for ongoing clients.

STAFF:

Fifty full and part-time professional and paraprofessional staff members and 125 volunteers.

FUNDING:

Federal, New York City and New York State as well as private foundations and individuals.

COST OF SERVICE:

EVALUATION TECHNIQUE:

internal	X
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Ms. Laraine Mai
(212) 691-6161

PROGRAM NAME AND LOCATION: Port Authority Runaway Youth
Port Authority Bus Terminal
625 Eighth Avenue
New York, New York

AUSPICES: Port Authority of New York and New Jersey

PROGRAM GOAL: Re-unite children (identified as runaways) with family.

Early identify runaway to determine serious trouble on street (Times Square area).

PROGRAM OBJECTIVES: To re-unite runaways with their parents.

TARGET POPULATION: Runaways at Port Authority

METHOD: The teams of social worker/police officers (both on street watches) aggressively stop children in Port Authority terminal who look like possible runaways. The social worker interviews and contact parents. Parents must pick the child up at Terminal. When they do, attempt is made to discuss runaway's reasons for absconding. Some advocacy will be done, especially with New York City Clients. Once the child is home, social worker will follow up by phone.

STAFF: 1 Project Director
3 police Officers
3 Social Workers

FUNDING: Port Authority of New York and New Jersey

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Sgt. Jose Elique
Project Director

(212) 563-4026 or (212) 466-7000 ext. 205/6

PROGRAM NAME AND LOCATION: Threshold/Youth Resource Center
115 Clinton Avenue South
Rochester, New York 14604

AUSPICES:

PROGRAM GOAL: Multi-service program designed to provide human care services to city youth involved in the juvenile/criminal justice system.

PROGRAM OBJECTIVES: To prevent further involvement with the criminal justice system by providing youths with emotional/educational supports and opportunities within the community.

TARGET POPULATION: Rochester adolescents aged 12-21 who are willing to participate.

METHOD: The program has an extensive network of services including Medical, Family and Individual casework and therapy, vocational training and development, advocacy, education (tutoring, remedial) and learning evaluation. Will make referrals. Has an Outreach component. Threshold is housed in a large facility in dowtown Rochester. Most services are delivered within the setting.

The Medical component is designed to provide services to drug-involved youth, but has really become a medical clinic for youth who would otherwise not be receiving medical services.

STAFF: Includes a Medical Director and full medical team Social workers, vocational counsellors, psychologist, Outreach worker.

Threshold and YRC share staff and services.

FUNDING: Division of Crimminal Justice System
Office of Drug Abusive Substances
National Institute of Drug Abuse

COST OF SERVICE: Gross cost per client per day $2.77.

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

James C. Pratt
Executive Director

YRC Coordinator: Margaret Grosshaus
Jean Bailey

(716) 454-7530

PROGRAM NAME AND LOCATION: Under Twenty-one (21)
692 8th Avenue
New York, New York

AUSPICES: Covenant House

PROGRAM GOAL: To serve as a 7 day a week, 24 hours a day "drop-in" center for dislocated adolescents in the Times Square Area.

To provide a low-key, youth-oriented environment for adolescents in addition to providing immediate physical, moral and emotional safety.

Where possible, to provide more intensive social services and eventually establish linkages with the child's family or more permanent child welfare system alternatives.

PROGRAM OBJECTIVES: To make an impact on the increasing child/youth sexual exploitation in the Midtown area.

To provide concrete and support services to a grossly underserved and rapidly growing population of runaway and homeless youth.

To sensitize the surrounding and larger Manhattan Community to the needs of these youth.

TARGET POPULATION: Youth between the ages of 10 and 21 in the Times Square area.

METHOD: In addition to the 24 hour emergency shelter, Under 21 provides meals, clothing and immediate medical attention to any youth who walks in. The program occupies a clean, creatively utilized building in the Times Square area and by virtue of location and atmosphere it is a physically and psychologically accessible program.

Staff is sensitive to intervention needs of the youth: the presumption being that once a level of trust is established through provision of basic material care, youth will become gradually more receptive to "harder" services such as counselling, educational and vocational training, psychiatric and other social services -- all of which are provided at the program site.

Youth also have access to the numerous group home settings operated by Covenant House citywide, if referral is appropriate.

STAFF: Social workers and medical staff.
Only the administrative/clinical staff are paid.
Approximately 113 volunteers comprise the childcare staff at the program. These volunteers are primarily drawn from the Catholic religious community.

FUNDING: NYC Youth Board
Private
New York State
Federal Office for Youth Development

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Ms. Sandra Hagan

(212) 354-4323

7. Community/Youth Development Programs

PROGRAM NAME AND LOCATION: Lower East Side Family Union
91 Canal Street
New York, New York 10002

AUSPICES:

PROGRAM GOAL: To prevent foster placement of children; to speed return to family of children for whom placement is necessary. Provide services to high-risk families on Lower East Side; to develop within neighborhoods child welfare resources that are responsive to needs of children in neighborhood.

PROGRAM OBJECTIVES: Prime objective of Lower East Side Family Union's neighborhood based Early Intervention Project is to combat the effects of family dysfunction while promoting the well-being and development of the children in these families through a comprehensive preventive approach. Also to test preventive service delivery strategies in various geographical and ethnic areas of the Lower East Side of Manhattan.

TARGET POPULATION: High-risk families in Lower East Side, defined as profile comparable to families that have been sending children into placement.

METHOD: LESFU is a case-managing agency that operates from 9-5, five days a week. It was organized with the intent of entering one community and strengthening the helping networks that exist. To this end, it contracts for services with other community agencies, both governmental and non-governmental and acts as both case manager and advocate for client families. Service contracts with agencies, families and LESFU are written and systematically reviewed according to explicit goals.

Community organization teams work with residents and agencies to provide total support for families on the Lower East Side.

The program has developed a high-risk profile consisting of 9 factors determined to be indicative of family disequilibrium, and assessments are made according to this criteria. The emphasis is on working with multi-problem families.

LESFU has formal and informal relationships with a variety of community agencies and receives staff on-loan from N.Y.C. Human Resources Administration. Among the services provided directly or through contract are: homemaking; counseling; escort and advocacy; information and referral. Average length of family/client involvement is 9 months.

STAFF: Includes:
Executive Director
4 MSW Team Leaders,
17 Social Workers
15 Homemakers

FUNDING: New York City Human Resources Administration
New York State Department of Social Services

COST OF SERVICE: Gross costs per family, per day $9.00

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:
Ken Schuman, Executive Director
(212)925-0728

PROGRAM NAME AND LOCATION: Children and Youth Development Services
262-9th Street
Brooklyn, New York 11215

AUSPICES: Sisters of the Good Shepherd

PROGRAM GOAL: To continue the development of a youth services network, thereby, enhancing the sense of neighborhood and community support systems to encourage youth participation and leadership.

PROGRAM OBJECTIVES: To focus on the potential of all systems i.e. education, recreation, business and employment, social services, health and mental health in order to sustain and increase youth social belonging.

To encourage sharing of community resources and facilities to promote provision of personal and social services to youth and their families.

To reduce youth alienation by promoting involvement in community life and eliminating labelling

To sensitize local and city agencies to the needs of youth.

TARGET POPULATION: Community members of Park Slope

METHOD: Community school projects in local public schools to make school hub of community activity. Involves parents in education workshops and offers recreation programs after school and evenings. Recreation task force works with community to sensitze agencies to needs of youths and expand recreation programs; runs leagues and activities; Community development to coordinate resources, assist in the development of neighborhood groups, mobilizes volunteers; job development and career counseling; crises intervention with troubled children and families at a police precinct in Park Slope; individual, group, and family casework; advocacy and referral; community services project with John Jay H.S. - students receive school credit for volunteering in local service agencies; Special education Commission to mainstream handicapped children and disabled. Programs day and evening.

STAFF:

6 Social Workers	9 Social Worker Students
2 Police Precinct Case Aides	19 Volunteers - Safe Homes Program
1 Job Developer	1 Secretary
1 Recreation Specialist	8 H.S. Interns
3 College CETA workers	

FUNDING: Federal Office of Youth Development
State Division for Youth
New York City Youth Board

COST OF SERVICE: Gross costs per client per day 44¢.
Personnel costs per client per day 30¢.

EVALUATION TECHNIQUE:
internal ____
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Kathryn Conroy
Project Director

(212) 788-4800

PROGRAM NAME AND LOCATION: Bedford-Stuyvesant Restoration Corp.
1368-90 Fulton Street
Brooklyn, New York 11216

AUSPICES:

PROGRAM GOAL: To stimulate and support community development towards meeting the needs of the individuals at a grassroots level.

PROGRAM OBJECTIVES: To prevent/intervene in potentially negative situations i.e., school problems, financial and housing problems by providing a support network of recreational, social, health related, civic systems to involve youth in self-development, family and community activities.

TARGET POPULATION: Youth in Bedford-Stuyvesant

METHOD: Recreational activities year round - sports, cultural, art, music, theatre, social. Tutoring in high schools - using peer assistants and models and tutoring after school at neighborhood centers. Camps - day and sleep away. Parent education group - which involves parents in school functioning. Part-time temporary employment training and referral. Health fairs, fund raising activities, referral to other agencies for social services.

STAFF: Includes: Center Directors
Community Service Specialists
Neighborhood Workers
CETA
College Students

FUNDING: Federal
State
Private

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:

internal	____
external	____
none	X

CONTACT PERSON AND TELEPHONE #:

Jackie Woods

(212) 636-3300

PROGRAM NAME AND LOCATION: North Shore Child Guidance Association, Inc.
1495 Northern Blvd.
Manhasset, New York

AUSPICES:

PROGRAM GOAL: A mental health agency for consultation, counseling and treatment of children and their families using "clinic team," seeks to help parents prevent the development of emotional disturbance or to treat children's problems by dealing with the basic causes.

PROGRAM OBJECTIVES:

Same.

TARGET POPULATION:

Open to children, aged 0-18, and their families from the town of North Hempstead.

METHOD:

North Shore Guidance Center's clinical services include psychodiagnostic assessments, individual, family and group therapy, parent counseling and crisis intervention. There is a full array of services for Spanish-speaking clients. Fees are based on family income on a sliding scale.

The Early Childhood Center, designed for children from birth to six years, provides a detailed assessment to parents who are troubled about the development of their child in early years.

The Aid to Adolescents Program, made up of existing facilities in a community develops a comprehensive package of services for adolescents with difficulties. The Center looks at a neighborhood, identifies a network of existing supports, and organizes relevant members into a team of services for high-risk adolescents. (This kind of team has been organized in Westbury and in Manhasset in response to specific needs). Counseling services, therapy, special educational needs, vocational training and job finding can be part of an individualized plan for each youngster.

Group Services evolved out of needs arising in the community. Short-term counseling groups are offered to deal with developmental crisis and with special life situations. A sampling of counseling groups includes the following. Expectant Mothers, Mothers and Infants, New Fathers, Separated and Divorced Men, Separated and Divorced Women, Mothers of Adolescents.

The North Shore Child Guidance Association is headed by a Board of Directors of local men and women and has approximately 2,000 members. There are four branch clinics, two in Manhasset, one in Roslyn, and one in Westbury.

STAFF:

Executive Director
Psychiatric Director
Assistant Director
Coordinator, Group Services
4 Psychiatrists
12 Psychiatric social workers
1 Coordinator, Early Childhood Study Center
3 Psychologists
1 Outreach Services Coordinator
5 Social Service Assistants

FUNDING: Nassau County Aid (including State funds)
Association funds
Fees from patients

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal ____
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Marion Levine, Executive Director
(516)627-6671

PROGRAM NAME AND LOCATION: North Bronx Family Service Center
2190 University Avenue
Bronx, New York

AUSPICES: Part of Pius XII and under the auspices of Catholic Charities and the Archdiocese of New York

PROGRAM GOAL:

To provide supporting and sustaining services to a minimum of 250 delinquent, or delinquent prone youths (aged 7-16) and their families, in order to prevent delinquency and direct youths from traditional child welfare/juvenile justice system.

PROGRAM OBJECTIVES:

Services are organized around family support and provide programs under the major areas of counseling, recreation and education. The approach of the Center is to identify problem areas early and provide intensive and coordinated services to aid in their solution.

TARGET POPULATION:

Children, aged 7-16, and their families, who live in catchment area of the central and northern parts of the Bronx, who are in trouble or "at risk".

METHOD:

The North Bronx Family Service Center is a community-based family service agency which provides the following independent, but coordinated, services:
-Individual, group and family counseling
-Remedial educational tutoring program with both tutoring and diagnostic functions.
-A recreational program offering arts and crafts, dancing, camping and field trips.

The academic program also includes a high school equivalency program, an adult basic education course and an English-as-a-second-language course.

The recreational program includes a Teen Night, a Summer Day Camp, an After-School program, a Saturday progam and group trips.

In addition, this Center provides career/vocational skills, job placement and homemakers to assist families in solving problems, and referral for health, mental health and vocational training services.

This program operates six days a week from 9 a.m. - 9 p.m. Much use is made of tutorial volunteers and there is an aggressive outreach program.

STAFF:

Project Director
Education Coordinator
Counseling Coordinator-Counselor
Recreation Coordinator
30-40 volunteers (college, neighborhood)

FUNDING:

Criminal Justice Coordinating Council

COST OF SERVICE:

Not provided

EVALUATION TECHNIQUE:

internal	____
external	x
none	____

CONTACT PERSON AND TELEPHONE #:

Jim Marley, Project Director
(212)365-1400

PROGRAM NAME AND LOCATION: Community Mediation Training Program
4725 Park Avenue
Bronx, New York

AUSPICES: Community School Board District #10

PROGRAM GOAL: To reduce the level of juvenile crime in Community School Board District #10 by strengthening the family, in particular, and the neighborhood in general.

PROGRAM OBJECTIVES:

(1) Developing socialization skills in previously dysfunctional family units.

(2) Assisting members of target families with new means of dealing with problematic situations.

(3) Creating a "grass-roots" support network within each neighborhood so that community parents can reach out to other parents in need of assistance.

(4) Developing networks which include the target youth his/her family, the academic mainstream and significant others which are aimed at rehabilitating the behaviors of those targeted youths.

(5) To create a referral-information system so that information on available community resources can be easily disseminated to these in need of such information.

TARGET POPULATION: Junior high school age children, ages 12-14 involved in crimes (and immediate families) living within school district #10, and/or within the 46th and 48th police precincts.

METHOD: The Community Mediation Training Program was established seven years ago by Community School District #10 to adequately meet the existing and potential problems of juvenile crime caused by poverty:

1) intensive support services to adolescents involved in unlawful behaviors via direct crisis intervention and through family mediation sessions aimed at reinstating control and structure into the family environment and,

2) training in crisis intervention, family mediation, and institutional advocacy to community residents so that a grass-roots helping network may be developed. The Community Mediation Training Program has staff located at Family Court and the Social Services Department. This community-based program is open five days each week, most days from 9:00 AM to 9:00 PM. Examples of programs established include: Urban Farm, Park Restoration Project, Diversion Center for Adolescents.

STAFF:
Director
Assistant Coordinator
Staff Supervisor
Seven Instructors of Addiction
Coordination Trainer of Parent Training Program
Ten Volunteers

FUNDING: Criminal Justice Coordinating Council.

COST OF SERVICE: Gross costs per client per year $142.04.
Personnel costs per client per year $137.62.

EVALUATION TECHNIQUE:

internal	X
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Naomi Barber
Project Director

(212) 733-3766 or (212) 220-8810

PROGRAM NAME AND LOCATION: Youthful Offender Community Service Project
9 Bassar Street
Poughkeepsie, New York 12601

AUSPICES: Voluntary Action Center of Dutches County

PROGRAM GOAL: To find volunteer jobs in the community for young people who are charged with minor offenses and are referred by area courts.

PROGRAM OBJECTIVES: The objective of this program is to provide offenders with the opportunity to establish constructive relationships with the Community through positive acts rather than antisocial ones.

TARGET POPULATION: Court referred youth 16-18 years who reside in Dutchess County.

METHOD: This project, which began officially in January, 1975, is sponsored by the Volunteer Action Center of Dutchess County. Youngsters who have committed minor offences and who have no record of previous criminal behavior one referred by local judges and probation. The youngsters are then interviewed by the project coordinator and the VAC places them with non-profit agencies and organizations according to their interests and abilities (such as Senior Citizen Centers, work with the handicapped, renovate sites, work in libraries, day care centers) for a 6 month period. If no further violations occur during this 6 month period, all charges are dismissed.

STAFF: 1 Project Director
2 Administrative Assistants
1 Volunteer

FUNDING: Dutchess County Youth Bureau
Community Development Fund, Poughkeepsie

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:

internal	____
external	____
none	X

CONTACT PERSON AND TELEPHONE #:

Ambrose Verdibello, Jr.

(914) 452-5600

PROGRAM NAME AND LOCATION: Youth Forum
402 So. Main Street
Horseheads, New York 14845

AUSPICES: Horseheads Youth Bureau

PROGRAM GOAL: To divert youth from the juvenile justice system, and to prevent further involvement through the provision of positive experiences and opportunities.

PROGRAM OBJECTIVES: To prevent delinquency by enhancing a sense of responsiblity for self and community in youthful offenders. To educate youth regarding the court system, and to enable them to develop their own interests and a sense of participation in the community.

TARGET POPULATION: 7-16 year old first time misdemeaner (non-violent) offenders.

METHOD: The Youth Bureau is actively involved in defining the needs and interests of the youth in the community. Through a community advisory board it has developed a number of services including a Teen Center providing recreation and counseling; and a youth employment service. The Learning Web places youth in an apprenticeship setting; and Teen Enterprise allows youth to plan and become partners in small businesses.

HYB also has a Peer Counselling component which trains and utilizes high school students as outreach workers.

The Youth Forum component uses a Peer Court to conduct arraignments and trials in first time misdemeanor cases. The Court is made up of youth between 11-19 who are trained to assume positions as judges, lawyers and law clerks. After trial, a non-punitive "sentence" is constructed that includes referrals to other agencies for job placement, counseling etc. Parents are involved where possible.

STAFF: Coordinator
Part-time juvenile aid officer
One intern

FUNDING: Division for Youth
Horseheads
State Division of Criminal Justice
Federal Law Enforcement Administration Agency

COST OF SERVICE: Gross costs per client per day $8.50.
Personnel costs per day $5.75.

EVALUATION TECHNIQUE:
internal ____
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Al Aaron
Coordinator

(607) 739-3517

PROGRAM NAME AND LOCATION:

Project STRIVE
135 Ontario Street
Albany, New York

AUSPICES:

PROGRAM GOAL:

A community based program that is both preventive and remedial in working with male youngsters who have had educational, legal and/or social problems or seem prone to such problems.

PROGRAM OBJECTIVES:

Strive seeks to provide developmental services for a part of the young, inner-city population that has been neglected, but for whom there is a prognosis for growth and development into careers and becoming successful students and responsible citizens. Major focus is on improving the youth's behavior and related family functioning as a means of keeping families intact.

TARGET POPULATION:

Males, aged 8-16, living in the Albany metropolitan area are eligible for acceptance into the program. Emphasis is placed on serving youths from minority and economically disadvantaged families who live in Albany "inner-city" areas.

METHOD:

Project Strive serves 100 boys who have experienced a variety of legal, educational, and social problems. A diversified after school and evening activities program is complemented by casework and counseling services for each youth and his family. Moreover, crisis intervention services are also frequently provided to youths and their families. Each youth's caseworker acts as a liaison between parents, neighbors, schools, law enforcement officials and community agencies as a means for ensuring personal growth and necessary social development.

Each day, youths are picked up at their schools by staff members and brought to the program center where they are assigned to various activity groups, including: individual and group counseling, remedial tutoring, creative arts classes, athletics, recreation activities, and field trips. Dinner is provided for each youth. After dinner, youths return to their scheduled activities until 9:00 p.m., when they are transported to their homes. The center's hours of operation are 3:15 p.m. to 9:15 p.m., Monday through Friday. During the summer months, the center runs a day camp program.

STAFF:

Includes:
- Program Director
- Caseworkers
- Part-time psychiatrist
- Part-time psychologist
- Child care workers
- Art teacher
- Educational specialist
- Tutors (part-time)
- CETA support staff (clerical)

FUNDING:

- Department of Social Services
- City and County Youth Bureaus
- U.S. Department of Agriculture
- Elementary and Secondary Education Act Title I

COST OF SERVICE:

Cost per child, per day (including transportation) = $16.00

EVALUATION TECHNIQUE:

internal	
external	X
none	

CONTACT PERSON AND TELEPHONE #:

David Bosworth, Executive Director
(518)462-5366

PROGRAM NAME AND LOCATION: Youth Development Program
27-21 Webster Avenue
Bronx, New York

AUSPICES: NorthWest Bronx Community and Clergy Coalition

PROGRAM GOAL: To organize 14-17 year old youth around positive issues of concern to themselves and their neighborhood.

PROGRAM OBJECTIVES: Since they work with youth in trouble with the law, the program's major objective is to channel disruptive group activities into positive activities such as neighborhood clean-up and civic awareness.

TARGET POPULATION: Youth between the ages of 14-21 who reside in NorthWest Bronx within guidelines of service areas.

Youth in trouble with the Law.

METHOD: The NWBCCC is a long-standing community group that originally came to the Bronx trained as Alinsky organizers in order to mobilize the community there around issues of housing and citizen participation. By dividing the NorthWest Bronx into neighborhood associations and creating a citizen force in each area, they hoped to reduce the vastness of community problems to neighborhood level.

The Youth Development Project started as a commitment to develop youth leadership potential in each of these areas. To this end, YDP Outreach Workers operate out of the Neighborhood Associations.

The program also has a "hard service" component consisting of job training, counselling, career and education guidance, recreation, and court liaison and advocacy. The staff is flexible in its way of relating to the youth it serves, and highly "informal" and storefront-oriented in atmosphere.

Program has recently begun monthly trips to Rahway Prison as an effort to expose adolescents to the reality of prison life.

YDP is also the only agency in the NorthWest Bronx receiving CETA money.

STAFF: Director
Senior Youth Organizer
Ten Youth Organizers/Out reach workers
Resource Specialist
Counselling Specialist
Career/Employment Specialist
Court Liaison

FUNDING: Law Enforcement Assistance Administration
Criminal Justice Coordinating Council
CETA

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE: internal _____
external _____
none x

CONTACT PERSON AND TELEPHONE #:

Ms. Justine Offer
MSW

(212) 584-0515

PROGRAM NAME AND LOCATION: Youth Services
25 Court Street
City Hall
Cortland, New York

AUSPICES: Cortland Youth Bureau

PROGRAM GOAL: To provide a support network for Cortland youth in order to impact on delinquency, acting out, substance abuse, etc.

To meet the needs of youth recreationally, socially, vocationally, etc.

PROGRAM OBJECTIVES: To identify and develop relationships with youth having difficulty in coping with problems of adolescence.

To provide education about selves and environment to youth as a preventive measure.

To provide assistance in working out problem areas.

To link youth with existing social service agencies as appropriate.

TARGET POPULATION: 13-18 year olds residing in Cortland.

METHOD: Week-end and evening coffee house with entertainment.
After school-evening "hang out" spot.
Organized sports and trips.
Job readiness counseling.
Job referral for part-time and temporary work.
24 hour crisis hot line.
Rap groups at school site.

Throughout all program components counseling occurs, informally or formally.

Referrals to other social service agencies.

There is an extensive on-going outreach effort to meet youth at local hang-outs and on the streets.

STAFF: Youth Services Supervisor
Youth Counselor
Outreach worker

FUNDING: Cortland Youth Bureau
Division for Youth

COST OF SERVICE: Not available for program component.

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

R. Tiazza
Youth Services Supervisor

(607) 753-3580

PROGRAM NAME AND LOCATION: Youth Social Adjustment Program
5th and Lake Streets
Elmira, New York 14901

AUSPICES: Elmira Neighborhood House

PROGRAM GOAL: To provide advocacy and preventive delinquency service to youth within the community.

PROGRAM OBJECTIVES: To identify youth in potential crisis situations, i.e. exhibiting anti-social behavior, tempted by drug or alcohol abuse, dealing with changing needs and roles which come with adolescence.

To provide information and education for youth about self, environment, resources.

To refer youth to appropriate social service agencies as necessary.

To train agency staff in use of available human services programs.

TARGET POPULATION: 15-21 year old with heavy concentration of 13-17 year olds and a special emphasis on involving girls.

METHOD: Youth Social Adjustment uses available recreational activities that are part of Elmira Neighborhood House's Youth Services Program as entry point with youth to develop relationships and build trust with them.

Individual and group counseling.
Learning web-work apprenticeship program.
Referral to other agencies.
Cooperative efforts with other agencies - i.e. summer day camp.

STAFF: Program Director, Elmira House
Youth Program Supervisor
Two Youth field workers

FUNDING: Division for Youth
United Community Service
Private Foundations
Sales from community activities

COST OF SERVICE:
Not available for program component

EVALUATION TECHNIQUE:
internal _____
external X
none _____

CONTACT PERSON AND TELEPHONE #:

Delmar Rouse
Program Director

(607) 733-6539

PROGRAM NAME AND LOCATION: Multi-Service Youth Center
173 Glenmore Avenue
Brooklyn, New York 11212

AUSPICES: Brooklyn Association of Settlement Houses

PROGRAM GOAL: To offer a comprehensive youth service program within the Oceanhill-Brownsville Community.

PROGRAM OBJECTIVES: To reduce incidence of criminal activity in area.

TARGET POPULATION: Youth between 10-21 years, within geographical boundaries (exceptions are made) in need of services offered. Does not accept heroin addicts.

METHOD: Program offers alternative educational services through a mini-school component; tutoring, individual group and family counseling as well as recreation in singular or combination forms to younsters and their families. Also: court intervention; General Education Diploma preparation and vocational and career development. Have a separate family counseling and court intervention program. Referral for more intensive mental health needs.

STAFF: Includes a program director, counseling coordinator, education, and recreation coordinators, and teacher assistanct and teacher counselor. Also a psychological counsultant and 11 full-time counselors.

FUNDING: Criminal Justice Coordinating Council

COST OF SERVICE: Per day/per client: $6.95

EVALUATION TECHNIQUE:

internal	
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Ronald Williams

(212) 498-3601

PROGRAM NAME AND LOCATION:

Goddard-Riverside Youth Project
161 W. 87th Street
New York City, N.Y. 10024

AUSPICES:

Goddard-Riverside Community Center

PROGRAM GOAL:

To reduce the incidence of juvenile crime and delinquency in West Side Urban Renewal area.

PROGRAM OBJECTIVES:

To diminish truancy, drop outs, and school failure by dealing with problems through counseling and tutoring.

To increase employability and community participation by encouraging education and providing work experiences in the community for which school credit is received.

TARGET POPULATION:

Youth, 9-21 years, in the West Side catchment area - 87-97 Sts. and Central Park West to Amsterdam avenues - including youth attending school, though not living, in this area. Their target is youth with involvement with the criminal justice system, committers of delinquent acts, and/or truant /school failure.

METHOD:

The Youth Project has various components through which it reaches and works with youth as follows:
Tutoring - in school and after
Community Service - a. placement of borderline performers, truants and potential drop-outs for 3 hours per week during the school day at community service work (i.e. head start, day care) and involvement in group discussions of experience; b. tree corps - care of neighborhood trees and plants and weekly trips in the summer
Sex education - 8 sessions
Girls' rap and activities group
Individual and group counseling
Recreational activities and trips

STAFF:

Project Director
Assistant Director
7 full time youth workers
3 part time " "
6 part time tutors
14 volunteer tutors

FUNDING:

Criminal Justice Coordinating Council

COST OF SERVICE:

gross costs per client per annum approximately $750.
personnel costs per client per annum approximately $550.

EVALUATION TECHNIQUE:

internal ____
external x
none ____

CONTACT PERSON AND TELEPHONE #:

Frederick Johnson
(212)873-6600

PROGRAM NAME AND LOCATION: Farnham Youth Development Center, Inc.
145 East Bridge Street
Oswego, New York 13126

AUSPICES:

PROGRAM GOAL: To prevent drug and alcohol abuse. To provide treatment and counseling to individuals who have problems in these areas.

PROGRAM OBJECTIVES: To meet the needs of the drug abusing population in Oswego County; to provide ongoing individual counseling to drug abusing clients; 24 hour hot line for "crisis intervention;" extensive referral system.

TARGET POPULATION: The drug abusing population in Oswego County (or potential drug abusing population), 13-18 years of age.

METHOD: The Center offers two main programs:

a) Volunteer Services, 24 hour seven days a week hot line and walk-in center which provides information and referral and comprehensive counseling services.

b) Outreach Drug Treatment Program which is located in offices throughout the County including schools and youth centers. There is emphasis on outreach and education in order to prevent further deterioration. This is accomplished primarily through the program's presence in local schools. Uses community volunteers.

STAFF:
1 Director
1 Administrative Assistant
2 Outreach Teacher/Counselor
25 Hot line Counselors - volunteers

FUNDING: New York State Office of Drug Abuse Substances.

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal X
external X
none ____

CONTACT PERSON AND TELEPHONE #:

Ms. Deborah Koester

(315) 342-4474

PROGRAM NAME AND LOCATION: North Village Green Project
64 Division Avenue
Levittown, New York 11756

AUSPICES: Family Service Association of Nassau County

PROGRAM GOAL: To assist youth in understanding self and environment in order to develop a positive self-image.

To assist youth in clarification of vocational and life goals.

To help youth utilize resources to negotiate life systems.

To assist youth in development of recreational and cultural interests.

PROGRAM OBJECTIVES: To identify youth who could benefit from agency's services through intensive outreach.

To develop relationships with youth which will enable them to use the agency's services.

TARGET POPULATION: Youth 14-27 who are from blue collar, marginally employed or employable backgrounds in Levittown and vicinity.

METHOD: Outreach - in the streets where the population gathers to build relationships with youth.

Individual and group counseling.

Educational counseling.

Vocational counseling.

Job hunting.

Advocacy counseling - legal, etc.

Family advocacy.

All services available at 5 locations; 2-Levittown, 2-East Meadow, 1-Mineola.

STAFF: Project Director
2 Social Workers
4 Youth Workers
3 Social Work Students

Each staff person has a primary area of responsibility but all are trained to provide all services thus integrating services offered.

FUNDING: Nassau County Youth Board
Division for Youth

COST OF SERVICE: Not available

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Paul Freedman

(516) 579-4202

PROGRAM NAME AND LOCATION: Peer Outreach Program
906 Michigan Avenue
Niagara Falls, New York

AUSPICES: Planned Parenthood of Niagara County

PROGRAM GOAL: To harness peer communication as a resource for disseminating information on human sexuality.

To provide available, concerned listeners to respond to teen requests on a peer level.

PROGRAM OBJECTIVES: To provide correct information on birth control, VD, and related health issues to adolescents in an effort to have an impact on high percentage of adolescent pregnancies/venereal disease ocurrence.

To use youth as a RESOURCE in disseminating information and as a conduit for referral to planned Parenthood and other social services.

TARGET POPULATION: Adolescents who are residents of Niagara County.

METHOD: Through an intensive screening and training effort, Planned Parenthood staff provides substantive educational information on human sexuality to a group of between 10-17 Peer Workers recruited from adolescents in the area between the ages of 15 and 17. As part of training, Peer Workers are also given instruction on informal counselling techniques, running groups etc. Peer Workers provide both informal one-to-one informational services and more organized workshops at the request of schools and other civic groups.

Planned Parenthood developed this program on the basis of a request from local youth board.

STAFF: One Director and between 10-17 Peer Workers
Peer Supervisor/Trainer

FUNDING: Division for Youth
Foundation money

COST OF SERVICE: Because of the ripple-effect of services delivered through this method, cost measures are not determined.

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Ms. Phyllis Kinsler

(716) 282-1223

PROGRAM NAME AND LOCATION: Children's Group Counseling
91 Genesee Street
New York, New York

AUSPICES: Family Counseling Service of the Finger Lakes

PROGRAM GOAL: To intervene with children identified by parents or teachers as having behavior problems.

PROGRAM OBJECTIVES: Through group process to identify problems and sources. To assist children in developing a sense of responsibility for self, develop better self-image, self-control and to develop trusting relationships with peers and adults.

TARGET POPULATION: Children, presently 6-8 but open, identified as having problem behavior.

METHOD: Based on the perception that one-to-one counseling was not a fully satisfactory method for engaging young children in treatment, the FCS instituted a Group Counseling component.

Groups are theraputic in focus, and use discussion, play, and behavior modification techniques to stimulate awareness and resolve problems.

Children are picked up at school and brought to the Center.

Parents meet with the co-therapists after each group session, and an attempt is now being made to run groups with parents and children.

The program is committed to exploring alternative methods for reaching these children and families.

STAFF: 2 Social workers

FUNDING: Division for Youth
United Way
Department of Social Services

COST OF SERVICE: Not available for program component

EVALUATION TECHNIQUE:

internal	
external	
none	X

CONTACT PERSON AND TELEPHONE #:

Toni Albano
Coordinator/Social Worker

(315) 789-2613

PROGRAM NAME AND LOCATION: Bronx Neighborhood Youth Diversion Program
1910 Arthur Avenue
Bronx, New York

AUSPICES:

PROGRAM GOAL:

To provide alternatives to placement for juveniles in the court system by offering a comprehensive range of youth services.

PROGRAM OBJECTIVES:

The program seeks to divert juveniles from family court and to prevent recidivism by offering opportunities for constructive activities through program resources.
They attempt to prevent placement and involve the community in the processes so that it will carry greater responsibility for the prevention of delinquency.

TARGET POPULATION:

Primarily male and female adolescents between the ages of 7-16 who face adjudication as delinquents or PINS. Also chronic truants or youngsters with a number of Youth Delinquent cards.

METHOD:

Program consists of several components which offer a range of services to prevent placement and maintain youths in their families and community. Components include:
case staff: consisting of advocates and a supervisor. Advocates act as primary counselors and mediators for the child. Also do resource development, home visits and keep progress reports on client.
The forum is a service component model for extra judicial settlement of family conflicts using community volunteers as mediators. Sessions are conducted at homes or central facility.
Truancy prevention program operates as mediator between school, parent and child.
Mini-school operated in conjunction with National Teacher Corp. Program and accredited by District 10 local school board. Provides remediation in basic skills, counseling and educational alternatives. Advocates now do intensive counseling with chronically truant elementary and early junior high students.

The program also offers medical, recreational services and referral for more intensive mental health services to Tremont Crisis Center.

STAFF:

Not provided.

FUNDING:

Human Resources Administration
Department of Social Services

COST OF SERVICE:

Not provided.

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Linda Bailey
(212)731-8900

8. Crisis Intervention

PROGRAM NAME AND LOCATION: Parsons Institutional Prevention Project
60 Academy Road
Albany, New York 12208

AUSPICES: Parsons Child and Family Center

PROGRAM GOAL: To prevent the institutional placement of children from Albany County for whom referral to institutional care is stated alternative. Prevent long-term institutional placement of children in temporary diagnostic setting. Prevent institutional placement of Albany County children in situation where foster care is in jeopardy.

PROGRAM OBJECTIVES: To maintain at-risk families intact through the provision of a range of services, both concrete and theraputic.

TARGET POPULATION: Albany County children between 0-16 and their families.

METHOD: Parson's emphasizes the total family and its environment as a target for intervention. To this end each family is assessed in terms of total functioning and an intervention plan drawn up that includes the child, family and community as a focus. A significant part of the case plan is the coordination of all community agencies involved with a case. 95% of the intervention plan is accomplished in the home and community.

The program provides case/family assessments; concrete services; individual and family therapy; and casework.

In an attempt to further integrate the family into the community, referral sources are invited to case conferences, and services are also provided at the local schools.

There is a lengthy pre-intake period in which workers build a sense of trust with the families before any intervention or service plan is discussed. The program is concerned with thorough evaluation and developed effective instruments to evaluate client progress.

STAFF: Project Director and three social workers.

FUNDING: State Department of Social Services matches money from Parsons child and family center.

COST OF SERVICE: (Estimates) Gross costs per client per day $13.28.
Personnel costs per client per day $10.20.

EVALUATION TECHNIQUE:
internal X
external ____
none ____

CONTACT PERSON AND TELEPHONE #:

Ms. Diane Norris
Project Director

(518) 449-8870

PROGRAM NAME AND LOCATION: Preventive Project
50 Chestnut Street
Rochester, New York 14604

AUSPICES: Catholic Family Center of Rochester

PROGRAM GOAL: To strengthen the ability of families to cope with stress; to stabilize the parent role; to prevent out-of-home placement.

PROGRAM OBJECTIVES: To provide skilled individual and group counseling; to provide homemaker services for teaching parenting and household management often in the home; to "broker" services with Monroe County agencies.

TARGET POPULATION: The project serves 100 families in Rochester, primarily families with children who are assisted jointly, often at home.

METHOD: The program offers total multi-service treatment by teams from the Preventive Project, often in the home. The families are referred to the project by the Monroe County Department of Social Services to which the Project is under contract. The project offers such services as diagnostic and theraputic psychological counseling, individual and group education in parenting and household management and in "brokering" for services from other private and public agencies. The program staff works flexible hours and uses a team approach to treatment. A total of 100 families will be served during the current fiscal year.

STAFF: The project has an executive director, a caseworker director, five case workers and three part-time students. It also is aided by the five part-time volunteers.

FUNDING: Monroe County
United Catholic Charities

COST OF SERVICE: $1.25 per client/per day.

EVALUATION TECHNIQUE:
internal : X
external _____
none _____

CONTACT PERSON AND TELEPHONE #:

Ms. Catherine E. Wobbus
Casework Director

(716) 546-7220

PROGRAM NAME AND LOCATION: Children's Special Services
Sanatorium Road
Pamona, New York 10970

AUSPICES: Rockland County Community Mental Health Center

PROGRAM GOAL: To provide services to children who have recently experienced a potentially traumatic event in order to prevent future psychological consequences.

PROGRAM OBJECTIVES: To enchance the healthy adjustment to trauma and assist in the development of coping skills for children and their families.

To assist professionals who come in contact with children in traumatic situations to work more effectively with them.

TARGET POPULATION: Children who have recently experienced a traumatic event i.e. parent death, divorce, personal injury, psychiatric or medical hospitalization of parent, etc.

METHOD: Children are evaluated to determine the effects of the trauma on their development and to assess their level of functioning prior to trauma. Based on the evaluation and assessment short-term individual and group counseling are available as well as parent counseling. Individual counseling is available for parents as well. Home visits are made when necessary. Clients may also be seen in hospitals. Special consultation and educational services are available to professionals.

Referrals to other social service agencies for long-term assistance are made as necessary.

STAFF: 1 Project Director, M.D.
3 Social Workers
1 Psychologist
1 Mental Health Nurse
2 Mental Health Workers

FUNDING: Fees for service

COST OF SERVICE: Gross costs per client per day $1.87.
Personnel costs per client per day $1.53.

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Sheryl Glickman

(914) 354-0200

PROGRAM NAME AND LOCATION: Families - In - Transition
124 Franklin Place
Woodmere, New York 11598

AUSPICES: Peninsula Counseling Center

PROGRAM GOAL: To assist separated and divorced families, both parents and children, in dealing with changes in family structure and roles and in developing new roles, expectations and responsibilities.

PROGRAM OBJECTIVES: To assist parents in dealing with feelings about loss, change, fears, etc..

To provide information about resources, i.e. day care, lawyers, and to develop skills to cope with these resources, i.e. courts to deal with child support, by discussion and sharing of experiences.

To encourage and enable children to express and deal with feelings about parent separation, parent dating, visits with non-custodial parent.

To provide forum for non-custodial parent, i.e. father, to express and share feelings.

TARGET POPULATION: Separated and divorced families, both custodial and non-custodial parents, and children.

METHOD: Multiple family groups formed around children's age level meet over an 8 week period for 14 hours and include:

- presentation of information.
- discussion of family structure.
- separate parents' and children's discussion group meetings.
- use of role playing and play techniques.

In addition there are short-term crisis groups, meetings of fathers, joint meetings of mothers and fathers, and coordination of resources (lawyers, day care centers, etc.)

STAFF: Coordinator
Assistant Coordinator
10-12 Volunteers

FUNDING: National Council of Jewish Women
Fees for service

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:

internal	X
external	X
none	

CONTACT PERSON AND TELEPHONE #:

Robert Eakin
Director

(516) 569-6600

PROGRAM NAME AND LOCATION: FACILE (Family Advocacy, Crisis Intervention, and Life Education)
642 New York Avenue
Huntington, N.Y. 11743

AUSPICES: Family Services League and Huntington Youth Board

PROGRAM GOAL: Program seeks to reinforce family life and to prevent the breakdown of families.

To intervene through counseling and referrals with families in crises. To identify and meet the ongoing needs of families. To strengthen existing programs serving the needs of children, youth and families.

PROGRAM OBJECTIVES:

To have an impact on families by providing a continuum of services - preventative/interventive/advocacy - to a large population cutting across economic lines.

TARGET POPULATION: All parents and youth in Huntington in need of assistance.

METHOD: FACILE provides services in the areas of Life Education, Crisis Intervention and Family Advocacy as follows:

An ongoing series of preventive family life education programs, of 4-8 sessions each, in cooperation with local groups i.e. P.T.A., churches, on topics including the single parent family, communications with teenagers, the problems of a commuter husband/father.

Crisis intervention is provided on a short-term basis of up to 8 interviews, after which a referral is made, if necessary, for continued services. Crisis counseling is available on a conjoint basis (the whole family together), in day or evening, at one of the local centers, the main office or at the family's home.

Family advocacy services are organized on a local basis. Each worker has responsibility for 2 of the 8 Youth Development Association Areas in Huntington. Each YDA has a community Advisory Board with which the worker works closely to get community input on family and youth needs which vary from Community to Community. The Social worker with the assistance of the Advisory Board seeks to identify homes broken by death, divorce or in otherwise urgent need of intervention.

After identification of individual and community needs, problems and crises, attempts are made to meet these needs by appropriate referrals to programs within FACILE or the Family Service League which provides back-up services in the areas of financial, job and death counseling, dental services, kindergarten and camp services, etc.

In addition, as a major community need is identified, various community agencies are organized to get community input and action i.e. community organization to get community response to local school closings, organization of an information and referral center by trained volunteers supervised by Staff plus other community centered resources in the planning stages.

STAFF: 4 social workers
1 supervisor, social worker
volunteers

FUNDING: Huntington Township
Youth Bureau
New York State Division for Youth

COST OF SERVICE: Not broken down for program components

EVALUATION TECHNIQUE:
internal ____
external ____
none X

CONTACT PERSON AND TELEPHONE #:

Mr. William Myrick
(516)427-1768

9. Family Life Education

PROGRAM NAME AND LOCATION: Prevention Counseling Group
91 Genesee Street
Geneva, New York

AUSPICES: Family Counseling Service of the Finger Lakes

PROGRAM GOAL: To be a theraputic, support system for parents "at risk" to stabilize family relationships.

PROGRAM OBJECTIVES: To assist parents in development of parenting skills, to assist in development and alternatives leading towards fulfillment of personal goals and developemnt of self worth, to intervene in families at risk to prevent foster case placement.

TARGET POPULATION: Parents "at risk" due to separation, divorce, feelings of inadequacy, abuse or neglect.

METHOD: Ongoing weekly group meeting where experiences are shared, strengths are emphasized, coping mechanisms explored and shared.

A day care service is available for children during time of meeting.

STAFF: One social worker.

FUNDING: Division for Youth
Department of Social Services
United Way

COST OF SERVICE: Not available for program component.

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Becky Wendt
Social Worker/Coordinator

(315) 789-2613

PROGRAM NAME AND LOCATION: Family Life Education
91 Genesee Street
Geneva, New York 14456

AUSPICES: Family Counseling Service of the Finger Lakes

PROGRAM GOAL: To provide information and an experience which will enable people to cope more adequately with tensions and problems of daily living.

PROGRAM OBJECTIVES: To assist individuals, couples and families to broaden their knowledge of attitude and behavioral alternatives available so as to be able to cope more effectively with their own development, relationships, parenting, etc.

TARGET POPULATION: Four County area - Wayne, Yates, Ontario, Seneca organized for interested groups from schools, churches, P.T.A., Civic Organizations or in cooperation with other agencies.

METHOD: Program consists of a series of 6-8 workshops using a cognitive approach to problem solving. Problems are treated as part of developmental process. Each meeting deals with an aspect of series theme and uses adult education techniques to introduce information and stimulate sharing of experiences.

STAFF: Two Social Workers

FUNDING: Division for Youth
United Way
Department of Social Services
Admission Fees to Workshop

COST OF SERVICE: Not available for program component

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Mrs. Mary W. Griswald

(315) 789-2613

PROGRAM NAME AND LOCATION: Models for Parents of Adolescents in Trouble with the Law
151 South Main Street
New City, New York 10956

AUSPICES: Volunteer Counseling Service of Rockland County

PROGRAM GOAL: To provide educational group experiences for parents of adolescents involved with the courts.

To prevent further criminal behavior through improved family functioning.

To provide concrete information on services available in community for troubled youth and families.

PROGRAM OBJECTIVES: To reduce repetition of destructive behavior in adolescents.

To improve parental perception of role of parenting.

To improve percention of community agencies dealing with youth and their parents.

TARGET POPULATION: Rockland county residents.

Parents of adolescents involved with court system.

METHOD: Volunteer Counseling Service was established by a family court judge who perceived a great need for additional informational and theraputic services in the Rockland County area. Staffed entirely by volunteers recruited, screened and trained by volunteer professionals, the Model Parent Program runs groups in various locations in the community. Content of the groups vary, and include support as well as concrete referral information. Basically issue oriented around problems in adolescent parenting, stressing adolescence as a normal developmental crisis and providing specific techniques of effective parenting and conflict management.

STAFF: Counselor
Supervisor (MSW)/Trainer
Ten Volunteer Counsellors

FUNDING: Division for Youth
Local Grant
Fees Fund Raising

COST OF SERVICE:

EVALUATION TECHNIQUE: internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Mr. Stephen Shapiro, Phd (914) 634-5729

Ms. Simon Chazen, MSW

PROGRAM NAME AND LOCATION: Williamburg Family Reception Center Prevention Program
12 Harrison Avenue
Brooklyn, New York

AUSPICES: St. Joseph's Children's Services

PROGRAM GOAL: To provide families in the Williamsburg section of Brooklyn with needed services.

PROGRAM OBJECTIVES: Prevent the long term foster care placement of children.

Reduce the number of children and families involved in family court.

Provide educational and vocational counseling and training.

Increase overall family function.

TARGET POPULATION: Families residing in Williamsburg, Brooklyn area.

METHOD: Primarily through casework assessment and counseling the center provides a variety of support services to its clients. Emphasis in on concrete services such as advocacy and mediation around welfare, housing, employment, and education in the use of existing community programs. Also psychological testing and evaluation, vocational and educational testing in order to achieve proper school placement for children. The center recently began running groups for adolescent girls to deal with developmental issues. Short term walk-in consultation services are available at the storefront.

STAFF: Not provided

FUNDING: Not provided

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Jose M. Rivera

(212) 782-7701

PROGRAM NAME AND LOCATION: Prevention Counseling Group
269 Mill Street
Poughkeepsie, New York 12601

AUSPICES: Poughkeepsie Family Day Care Center

PROGRAM GOAL: To provide comprehensive day care and development services to low income children and their families.

PROGRAM OBJECTIVES: To attempt to strengthen family units by providing educational, social, nutritional and health services to children and families. To allow low-income mothers to work by providing day care for their children.

TARGET POPULATION: Children of women who qualify under DSS criteria and in financial need, in Poughkeepsie area.

Age range six (6) months to 14 years.

METHOD: The program tries to extend itself beyond day care to provide other support services and advocacy for the families it serves. Emphasis is put on providing fully balanced meals for the children; health care; family counseling where possible. Staff is flexible and energetic in its efforts to transport children to and from the center. Also act as advocates with the Department of Social Services when necessary.

Administration is very active on day care task forces and committees in the county, is one of the only centers in Poughkeepsie that serves lower-income population.

STAFF: Includes an Executive Director, Educational Director, Social Worker, Family Aide, Teacher Aides and Child Care Aides.

FUNDING:

Division of Youth	Parent Fees
Aid to Dependent Children	United Way
Federal Food Program	County Dept. of Health

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Ms. Emma McConnell

(914) 471-5301

PROGRAM NAME AND LOCATION: Counseling Program
Center Lane Village Green Center Lane
Levittown, New York 11756

AUSPICES: Youth Directional Council of Levittown and Island Trees

PROGRAM GOAL: To provide professional assistance to individuals, families and groups; with an emphasis on systemic treatment.

PROGRAM OBJECTIVES: To strengthen family unit.

To enhance functioning of families through problem solving and support services.

TARGET POPULATION: Families in Levittown-Island Trees community.

METHOD: The agency is a multi-service center for the community. The Counseling Component provides individual, family counseling and crisis intervention. A speakers bureau will visit community agencies as needed. Diagnostic evaluations are done on all families and individuals in a screening process.

STAFF: Includes two social work supervisors and 4 Social Workers.

FUNDING: Office of Drug Abusive Substances
County Youth Board
Private Foundations
Hempstead Dept. of Economic Development

COST OF SERVICE: $18.60 per client per day.

EVALUATION TECHNIQUE:
internal _____
external X
none _____

CONTACT PERSON AND TELEPHONE #:

Mr. James Edmondson
Executive Director

(516) 731-7337

PROGRAM NAME AND LOCATION: Elementary Recreation Program
100 Edmund Avenue
Onadaga County
Syracuse, New York 13205

AUSPICES: Brighton Family Center; Catholic Charities

PROGRAM GOAL: To stimulate healthy development of child

PROGRAM OBJECTIVES: To provide a setting in which children develop a sense of self-worth and respect for others, and learn to function in group activities.

TARGET POPULATION: 6-12 year olds in Catchment Area i.e. Brighton.

METHOD: Recreational activities on a group basis; each child attends after school one day a week.

Outreach effort and follow-up program is a part of multiple services to agency that deals with family mental health and health needs.

STAFF:
Director of Agency
Director, Elementary Program
Health Aid
Outreach Worker
24 Volunteers

FUNDING:
United Way
City-County Youth Board
Community Development
Department of Social Services
Work/Study Grants
T-House Grant
Contributions
Fund Raising
Program Fees
U.S. Department of Agriculture
CETA

COST OF SERVICE: Not available for project component

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Joseph Mack
Agency Director

(315) 424-1834

PROGRAM NAME AND LOCATION: Parent Program
100 Edmund Avenue
Syracuse, New York 13205

AUSPICES: Brighton Family Center Catholic Charities

PROGRAM GOAL: To enhance development of parent/individual, and preserve the integration of the family.

PROGRAM OBJECTIVES: To enable parents to learn parenting skills, homemaking skills.

To enhance the development of a sense of competence and self-worth.

To provide a support network of services.

To meet ongoing needs of parents.

TARGET POPULATION: Parents 17 and up in Brighton Catchment Area.

METHOD: Variety of skills classes i.e. re-upholstery, choosing clothing for children, make-up hints, swimming.

Education and discussion groups i.e. children in crises; individual and family counseling; assistance in concrete services i.e. dealing with utility co.; day care services for 6 months - school age children while mothers are in classes.

STAFF:

Agency Director	1 Full-time Social Worker
Director Parent Program	2 Part-time Social Worker
Outreach Worker	
Health Aid	
Teacher - 3 days	
Pre-School Worker (wks with children 6 months to school age, while parents are in classes)	

FUNDING:

U.S. Department of Agriculture	Fund raising
United Way	T-House Contributions
Contributions	Community Development
City-County Youth Board	Program Fees

COST OF SERVICE:

Unavailable for program component

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Joseph Mack
Agency Director

(315) 424-1834

PROGRAM NAME AND LOCATION: Program to Preserve the Intergration of the Puerto Rican Migrant Family
116 West 14th Street
New York, New York

AUSPICES: Puerto Rican Family Institute - Community Development Agency

PROGRAM GOAL: To help Puerto Rican and other Spanish speaking newly-arrived families (no more than three years in N.Y.C.) with their problems of adjustment to the new culture.

PROGRAM OBJECTIVES: To provide social work, education, psychiatric and psychological services on behalf of the newly arrived and through community organization, social action and technical assistance to community groups prevent the deterioration of the Puerto Rican Migrant family.

TARGET POPULATION: Newly arrived Hispanic families - less than 3 years in N.Y.C.

METHOD: After attempting to deal with the problems of Migrant families through more traditional service methods, the program now emphasizes "the bridge group approach" - designed to create a transition bridge between the family unit and the larger culture. The program is continually developing new outreach efforts and methods in response to its client population.

STAFF: Not provided

FUNDING: Council Against Poverty

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal _____
external _____
none X

CONTACT PERSON AND TELEPHONE #:

Ms. Fedora Porrata

(212) 924-6320

PROGRAM NAME AND LOCATION: Farnham Youth Development Center, Inc.
145 East Bridge Street
Oswego, New York 13126

AUSPICES:

PROGRAM GOAL: To prevent drug and alcohol abuse. To provide treatment and counseling to individuals who have problems in these areas.

PROGRAM OBJECTIVES: To meet the needs of the drug abusing population in Oswego County; to provide ongoing individual counseling to drug abusing clients; 24 hour hot line for "crisis intervention;" extensive referral system.

TARGET POPULATION: The drug abusing population in Oswego County (or potential drug abusing population), 13-18 years of age.

METHOD: The Center offers two main programs:

a) Volunteer Services, 24 hour seven days a week hot line and walk-in center which provides information and referral and comprehensive counseling services.

b) Outreach Drug Treatment Program which is located in offices throughout the County including schools and youth centers. There is emphasis on outreach and education in order to prevent further deterioration. This is accomplished primarily through the program's presence in local schools. Uses community volunteers.

STAFF:
1 Director
1 Administrative Assistant
2 Outreach Teacher/Counselor
25 Hot line Counselors - volunteers

FUNDING: New York State Office of Drug Abuse Substances.

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:
internal X
external X
none

CONTACT PERSON AND TELEPHONE #:

Ms. Deborah Koester

(315) 342-4474

PROGRAM NAME AND LOCATION: North Village Green Project
64 Division Avenue
Levittown, New York 11756

AUSPICES: Family Service Association of Nassau County

PROGRAM GOAL: To assist youth in understanding self and environment in order to develop a positive self-image.

To assist youth in clarification of vocational and life goals.

To help youth utilize resources to negotiate life systems.

To assist youth in development of recreational and cultural interests.

PROGRAM OBJECTIVES: To identify youth who could benefit from agency's services through intensive outreach.

To develop relationships with youth which will enable them to use the agency's services.

TARGET POPULATION: Youth 14-27 who are from blue collar, marginally employed or employable backgrounds in Levittown and vicinity.

METHOD: Outreach - in the streets where the population gathers to build relationships with youth.

Individual and group counseling.

Educational counseling.

Vocational counseling.

Job hunting.

Advocacy counseling - legal, etc.

Family advocacy.

All services available at 5 locations; 2-Levittown, 2-East Meadow, 1-Mineola.

STAFF: Project Director
2 Social Workers
4 Youth Workers
3 Social Work Students

Each staff person has a primary area of responsibility but all are trained to provide all services thus integrating services offered.

FUNDING: Nassau County Youth Board
Division for Youth

COST OF SERVICE: Not available

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

Paul Freedman

(516) 579-4202

PROGRAM NAME AND LOCATION: Family Reception Center
441-4th Avenue
Brooklyn, New York 11215

AUSPICES: Sisters of the Good Shepherd

PROGRAM GOAL: To provide comprehensive family centered services on behalf of children and youth in the Park Slope Area through three (3) major program components - outpatient family and individual counseling, crash pad, mini schools.

PROGRAM OBJECTIVES: To enhance family functioning and have an impact on the incidence of juvenile deliquency and foster care placements.

To deal with environmental barriers that inhibit families from staying together.

TARGET POPULATION: Children, youth, and their families in the Park Slope section of Brooklyn.

METHOD: Family Reception Center is a 7 day a week family service center that provides a wide range of counseling, educational, and recreational program to entire families. Types of situations handled include conflicts between parents and children, behavioral and emotional difficulties in the home, school or workplace. FRC also provides concrete services such as aid with housing, welfare, and related concerns.

The program also runs three (3) mini schools (2 elementary/and one junior high) at 3 locations, and jointly staffs the schools with teachers from the school system. It uses the schools as a referral source and entry point into the family.

An emergency crash pad houses up to 10 children other services include: family therapy, special education, psychological evaluation, psychotherapy and referral.

STAFF:

Project Director	1 Part-time Psychologist
2 Clinical Supervisors	1 Part-time Psychiatrist
10 Case & Social Workers	8 Part-time Volunteers
Case Aides	
Mini-school Coordinators	

FUNDING: New York City Special Services for Children

COST OF SERVICE: Not provided

EVALUATION TECHNIQUE:

internal	_____
external	_____
none	X

CONTACT PERSON AND TELEPHONE #:

David T. Martin

(212) 788-0666

PROGRAM NAME AND LOCATION: Huntington Family Services, Inc.
405 Gifford Street
Syracuse, New York 13204

AUSPICES:

PROGRAM GOAL: To establish and maintain a multi-purpose neighborhood center on the West side of Syracuse.

To provide young families of the area with year-round opportunities for self-development of both individual and total family unit through education, recreation, and personal counseling.

PROGRAM OBJECTIVES: To provide preventive services beginning with very young infants.

To enhance parenting abilities of young mothers through skills - groups.

To coordinate with other community agencies in planning and delivering a range of services to families in the area.

To refine existing programs at local, county, and state level.

TARGET POPULATION: All families and children - 12 and under Catchment area.

No alcoholics; runaways referred elsewhere.

METHOD: Provides free or subsidized clothing.

Pre-kindergarten classes for 40 children per day, 4 days a week, 46 weeks per year.

Intake, diagnosis and evaluation of 150 individuals over the entire year.

Ongoing counseling.

Residential camping for 240 children - also for adult-child camping experience.

Nutritional information is provided.

Small group experiences in social development on a weekly basis for children.

Parent education groups, home-economic instruction (cooking, sewing, etc.).

STAFF:

Executive Director	3 MSW full time
Assistant Executive Director	3 MSW part time
Pre-school Program Director	6 Youth Workers
(MSW) Intake Worker	

FUNDING:

United Way	Community Development Fund
County Health Department	
County Social Services	

COST OF SERVICE: Gross costs per client per day $8.00.
Personnel costs per client per day $6.00.

EVALUATION TECHNIQUE:

internal	_____
external	X
none	_____

CONTACT PERSON AND TELEPHONE #:

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Appendix H

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